

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (In full)

Hoosiers Supporting Buyer For Congress

ADDRESS (number and street) Check if different than previously reported.
204A North Main St., P.O. Box 712

CITY, STATE and ZIP CODE STATE/DISTRICT
Monticello, IN 47960 IN 5

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
COO255471

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

July 15 Quarterly Report Thirtieth day report following the General Election on _____
in the State of _____

October 15 Quarterly Report Termination Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
01/01/1999 through 06/30/1999		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	87,332.49	87,332.49
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	87,332.49	87,332.49
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37,450.64	37,450.64
(b) Total Offsets to Operating Expenditures (from Line 14)	2,786.94	2,786.94
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	34,663.70	34,663.70
8. Cash on Hand at Close of Reporting Period (from Line 27)	89,775.66	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	1,390.73	

For further information:
Federal Election Commission
988 E Street, NW
Washington, DC 20463
Tel Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
Douglas Raderstorf

Signature of Treasurer *Douglas Raderstorf* Date **7/30/99**

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

Detailed Summary Page

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Hoosiers Supporting Buyer For Congress	Report Covering the Period:	
	From: 01/01/1999	To: 06/30/1999
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	28,575.00	
(ii) Unitemized	18,115.00	
(ii) Total of contributions from individual	44,690.00	44,690.00
(b) Political Party Committees	319.63	319.63
(c) Other Political Committees (such as PACs)	42,322.86	42,322.86
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	87,332.49	87,332.49
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	2,788.94	2,788.94
15. OTHER RECEIPTS (Dividends, Interest, etc.)	391.78	391.78
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	90,511.21	90,511.21
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	37,450.64	37,450.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	37,450.64	37,450.64
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		36,715.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		90,511.21
25. SUBTOTAL (add Line 23 and Line 24)		127,226.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 18)		37,450.64
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		89,775.66

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the detailed Summary Page

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald F. Fitzgerald 50 N. Brockway P.O. Drawer A Palatine, IL 60078-8001		05/24/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Barnes 6038 Dean Road Indianapolis, IN 46240-	Materials Processing, Inc.	05/14/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation owner		
	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Bergson 190 Falcon Ridge Rd. Great Falls, VA 22066-	Sole Proprietor	03/29/1999	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Consultant		
	Aggregate Year-to-Date ->	100.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Bergson 190 Falcon Ridge Rd. Great Falls, VA 22066-	Sole Proprietor	06/22/1999	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Consultant		
	Aggregate Year-to-Date ->	300.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Buyer, DDS 1010 E. 86th St. Indianapolis, IN 46240-	Self-Employed	05/25/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Dentist		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. W. Kelley Carr 6 Hitching Post Rd. West Lafayette, IN 47906-	Self-Employed	04/08/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired		
	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charis Cole P.O. Box 491 Bryn Athyn, PA 19009-		03/04/1999	800.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation retired		
	Aggregate Year-to-Date ->	800.00	

SUBTOTAL of Receipts This Page (optional)	3,350.00
TOTAL This Period (Last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from each separate and statements may not be valid or used by any person for the purpose of withholding contribution limits for tax purposes, other than using the name and address of any political committee to certify contributions from that committee.

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

A. Full Name, Mailing Address and Zip Code Lowell G. Dawn, D.D.S. 3217 Lago Vista Dr. El Dorado Hills, CA 95762-	Name of Employer Delta Dental Insurance Occupation Dentist	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
B. Full Name, Mailing Address and Zip Code Ken Davis P.O. Box 767 241 Park Ave. Francesville, IN 47946-	Name of Employer Houston-Davis Inc. Occupation Laborer-office	Date (month, day, year) 03/17/1999	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 200.00		
C. Full Name, Mailing Address and Zip Code Ken Davis P.O. Box 767 241 Park Ave. Francesville, IN 47946-	Name of Employer Houston-Davis Inc. Occupation Laborer-office	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 400.00		
D. Full Name, Mailing Address and Zip Code Robert DeRossa 8810 Whitestown Rd., P.O. Box 189 Zionsville, IN 46077-	Name of Employer Occupation retired	Date (month, day, year) 03/12/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
E. Full Name, Mailing Address and Zip Code James Ervin 410 First St., SE Suite 300 Washington, DC 20003-	Name of Employer ETA Occupation President	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
F. Full Name, Mailing Address and Zip Code Michael Fleming 3211 Lemons Ridge Dr. NW Atlanta, GA 30339-	Name of Employer Michael T. Fleming, M.D. Occupation doctor	Date (month, day, year) 03/29/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code John Floyd 538 Carrie Lane Kokomo, IN 46901-	Name of Employer Chrysler Corp. Occupation Executive	Date (month, day, year) 03/17/1999	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 200.00		

SUBTOTAL of Receipts This Page (optional)	2,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

This receipt is schedule 1291 for each category of the detailed primary base

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 under the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code	Name of Employer Not Employed	Date (month, day, year)	Amount of Each Receipt this Period
Bill Fouts 427 E 1050 S Galveston, IN 46932-	retired	04/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Freeman 722 S. Main St. Monticello, IN 47960-	self C.P.A.	05/14/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Wm. Galbraith J Beach Dr., Apt. 1802 Saint Petersburg, FL 33701-3926	retired	06/16/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Haake 1615 L St., N.W., Suite 700 Washington, DC 20036-	Haake & Associates Lawyer, lobbyist	06/22/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilbert Hamstra 12028 N 200 W Wheatfield, IN 46392-	Hamstra Group, Inc. President	03/31/1999	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	50.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilbert Hamstra 12028 N 200 W Wheatfield, IN 46392-	Hamstra Group, Inc. President	05/11/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	300.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Harker 300 W. 3rd ST. Marion, IN 46952-	Kiley, Kiley, Harker, & Certai Attorney	03/29/1999	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	100.00	

SUBTOTAL of Receipts This Page (optional)

2,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

This report and schedule must be filed with the State of Indiana Department of Public Safety

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

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

<p>A. Full Name, Mailing Address and Zip Code Albert Harker 300 W. 3rd St. Mayion, IN 46952-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Kiley, Kiley, Harker, & Certai Occupation Attorney</p> <p>Aggregate Year-to-Date -> 350.00</p>	<p>Date (month, day, year) 05/19/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Don Heckard 710 W. County Rd. 200 N Logansport, IN 46947-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Logan Ice Occupation OWNER</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/06/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert J. Hiler, Jr. 555 Michigan Ave., Suite 205 La Porte, IN 46350-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation retired</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 02/01/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Robert J. Hiler, Jr. 555 Michigan Ave., Suite 205 La Porte, IN 46350-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation retired</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Date (month, day, year) 02/03/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Margaret Hill 4499 N. Kinser Pike Bloomington, IN 47404-9496</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer none Occupation horse breeder</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 03/17/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and Zip Code Robert Hingst 1720 W. Taylor Kokomo, IN 46901-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Mid America Beverage, Inc. Occupation Beer Wholesaler</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 03/17/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and Zip Code Joseph Huffman 519 Burlington Ave. Logansport, IN 46947-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed Occupation retired</p> <p>Aggregate Year-to-Date -> 50.00</p>	<p>Date (month, day, year) 03/17/1999</p>	<p>Amount of Each Receipt this Period 50.00</p>

SUBTOTAL of Receipts This Page (optional)

2,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of 11- Retalier Summary Form

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Huffman 519 Burlington Ave. Logansport, IN 46947-	Not Employed Occupation retired	04/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		300.00
Richard Jankovich 4181 E. Fairway Court Monticello, IN 47960-	Wells Fargo Occupation Banker	05/25/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
Bruce Letz 576 E. Long Lake Road P.O. Box 1123 Valparaiso, IN 46383-1123	North Coast Distributing, Inc Occupation Beer Distributor	03/19/1999	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		200.00
Don Link 310 S. Market St. P.O. Box 158 Winamac, IN 46996-	Link Environmental Equip. Inc. Occupation controller	05/11/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
Larry Manning 5196 E. State Rd. 218 LaFontaine, IN 46940-	General Motors Occupation Engineer	03/31/1999	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		200.00
Martha Mathias 737 North State Road 227 Union City, IN 47390-	Frank Miller Lumber Co. Occupation owner	05/14/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
Dr. Richard McVay 6920 Bonnie Brae Columbus, OH 43235-2172	Diagnostic Path. Ass. Occupation Physician	04/30/1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00

SUBTOTAL of Receipts This Page (optional)	1,650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule for each category of the Detailed Summary Page

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

<p>A. Full Name, Mailing Address and Zip Code Norbert M. Meister 6727 16th St., N.W. Washington, DC 20012-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation retired</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/14/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code George Miller 10967 W. S.R. 14 Medaryville, IN 47957-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed Occupation Farmer</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/14/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Mary Louise Miller 16 Stone Camp Winona Lake, IN 46590-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed Occupation housewife</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 04/08/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Daniel Mohr 3146 Villas Dr. S. Kokomo, IN 46901-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Mohr Construction Occupation Supervisor</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/25/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Robert Moorhead 217 S. Belmont Ave. Suite C Indianapolis, IN 46222-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Graphics LTD Occupation Chief Exec Officer</p> <p>Aggregate Year-to-Date -> 50.00</p>	<p>Date (month, day, year) 03/19/1999</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>F. Full Name, Mailing Address and Zip Code Robert Moorhead 217 S. Belmont Ave. Suite C Indianapolis, IN 46222-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Graphics LTD Occupation Chief Exec Officer</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 05/19/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Robert Mrzlack 120 High Street Monticello, IN 47960-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer White County Occupation Judge</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 05/19/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2,300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code Robert Naegele 793 Via Vecchia Naples, FL 34108-	Name of Employer self	Date (month, day, year) 06/30/1999	Amount of Each Receipt this Period 1,000.00
	Occupation businessman		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 1,000.00		
B. Full Name, Mailing Address and Zip Code Raymond Ortman 5381 N Co. Rd. 300 W Kokomo, IN 46901-9139	Name of Employer Kokomo Grain & Feed	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 250.00
	Occupation owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
C. Full Name, Mailing Address and Zip Code Rob Palmer 4901 Katelyn Dr. Indianapolis, IN 46228-7025	Name of Employer InterDesign Group	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 250.00
	Occupation Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Norvin Pellerin 5931 Saint Charles Avenue New Orleans, LA 70115-5055	Name of Employer	Date (month, day, year) 04/12/1999	Amount of Each Receipt this Period 300.00
	Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 300.00		
E. Full Name, Mailing Address and Zip Code Jack Porter 1072 Mitten Drive Wabash, IN 46992-1031	Name of Employer Not Employed	Date (month, day, year) 04/14/1999	Amount of Each Receipt this Period 500.00
	Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 500.00		
F. Full Name, Mailing Address and Zip Code Jeffry Price 15 S. Wabash Peru, IN 46970-	Name of Employer Self-Employed	Date (month, day, year) 03/19/1999	Amount of Each Receipt this Period 25.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 25.00		
G. Full Name, Mailing Address and Zip Code Jeffry Price 15 S. Wabash Peru, IN 46970-	Name of Employer Self-Employed	Date (month, day, year) 05/06/1999	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Aggregate Year-to-Date -> 275.00		

SUBTOTAL of Receipts This Page (optional)	2,575.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code Doris Putzolu 1000 N. Point, #406 San Francisco, CA 94109- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Date (month, day, year) 03/29/1999 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 500.00
B. Full Name, Mailing Address and Zip Code Doris Putzolu 1000 N. Point, #406 San Francisco, CA 94109- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Date (month, day, year) 05/11/1999 Amount of Each Receipt this Period 100.00 Aggregate Year-to-Date -> 600.00
C. Full Name, Mailing Address and Zip Code Sally Rains 3600 N. Kennel Lane Wilson, WY 83014- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Date (month, day, year) 03/17/1999 Amount of Each Receipt this Period 200.00 Aggregate Year-to-Date -> 200.00
D. Full Name, Mailing Address and Zip Code Robert Ring P.O. Box 302 Oakland, TN 38060- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Date (month, day, year) 03/12/1999 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
E. Full Name, Mailing Address and Zip Code Pat Rooney 7440 Woodland Dr. Indianapolis, IN 46278-1719 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Not Employed Occupation housewife Date (month, day, year) 03/29/1999 Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
F. Full Name, Mailing Address and Zip Code Congressman Bill Sarpalius 124 Eareckson Lane Stevensville, MD 21666- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Federal Government Occupation Congressman Date (month, day, year) 05/14/1999 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
G. Full Name, Mailing Address and Zip Code Dick Sauerman 1155 S. Joliet St. Crown Point, IN 46307- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer HFS Bank Occupation V.P. Commercial Banking Date (month, day, year) 05/14/1999 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00

SUBTOTAL of Receipts This Page (optional)	3,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Any information supplied in such reports and statements may not be held as valid as used by any person for the purpose of collecting contributions or for any other purpose, other than using the name and address of any political committee to collect contributions from such committee.

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

<p>A. Full Name, Mailing Address and Zip Code E.P. Severns, Jr. 507 Sagebrush Drive Kokomo, IN 46901-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Coca-Cola Bottling Company Occupation President</p> <p>Date (month, day, year) 03/19/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Greg Silveira P.O. Box 9217 San Diego, CA 92169-0217</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer GJS Enterprises Occupation Commander-in-Chief</p> <p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Greg Silveira P.O. Box 9217 San Diego, CA 92169-0217</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer GJS Enterprises Occupation Commander-in-Chief</p> <p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code George Simmons 411th BSB CMR 419 Box 1978 APO, AE 09102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Central Issue Facility Patton Occupation Customer Service Rep.</p> <p>Date (month, day, year) 04/08/1999</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and Zip Code George Simmons 411th BSB CMR 419 Box 1978 APO, AE 09102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Central Issue Facility Patton Occupation Customer Service Rep.</p> <p>Date (month, day, year) 05/19/1999</p> <p>Aggregate Year-to-Date -> 350.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Tom Spackman 306 Indiana Beach Dr. Monticello, IN 47960-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Indiana Beach, Inc. Occupation President</p> <p>Date (month, day, year) 02/24/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Dr. Harry Sponseller 1087 Lincolnway East Plymouth, IN 46563-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer H.E. Sponseller D.D.S. Occupation Office Manager</p> <p>Date (month, day, year) 03/17/1999</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Amount of Each Receipt this Period 200.00</p>

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

Any information required to be reported on this page may not be used by any person for the purpose of soliciting contributions or for any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code Dr. Harry Sponseller 1067 Lincolnway East Plymouth, IN 46363-		Name of Employer H.R. Sponseller D.D.S. Occupation Office Manager	Date (month, day, year) 05/11/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 300.00		
B. Full Name, Mailing Address and Zip Code Owen Stevens 4002 Oak Grove Dr. Valparaiso, IN 46383-		Name of Employer Knox Fertilizer Plant Occupation V.P.	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code James Sutter 1315 Chapel Pike, Box 2050 Marion, IN 46952-		Name of Employer Handi Andri, Inc. Occupation CEO	Date (month, day, year) 03/17/1999	Amount of Each Receipt this Period 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 100.00		
D. Full Name, Mailing Address and Zip Code James Sutter 1315 Chapel Pike, Box 2050 Marion, IN 46952-		Name of Employer Handi Andri, Inc. Occupation CEO	Date (month, day, year) 03/29/1999	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 300.00		
E. Full Name, Mailing Address and Zip Code Doug Tate 1907 S. Union Kokomo, IN 46902-		Name of Employer Howard County Occupation chairman	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 250.00		
F. Full Name, Mailing Address and Zip Code Phil Thielen 4209 North 134th Street Omaha, NE 68164-		Name of Employer Thielen Framing & Finishing Occupation owner	Date (month, day, year) 03/31/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 500.00		
G. Full Name, Mailing Address and Zip Code Hall W. Thompson 7 Glen Eagles Dr. Shoal Creek, AL 35242-		Name of Employer Occupation retired	Date (month, day, year) 05/06/1999	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 1,000.00		

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code Charlotte L. Tsoucalas 4000 East Worth Ave. Alexandria, VA 22304-	Name of Employer Defense Health Advisors	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 250.00
	Occupation Business Executive		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
B. Full Name, Mailing Address and Zip Code Frank Verkamp 5044 Watersite Circle Indianapolis, IN 46254-9616	Name of Employer Allison Engine Corporation	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 250.00
	Occupation retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
C. Full Name, Mailing Address and Zip Code Andy Webster 10607 W. 109th Ave. Cedar Lake, IN 46303-9253	Name of Employer self	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 250.00
	Occupation Truck Driver		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Kevin Williams 2010 W. Lawson Rd. Marion, IN 46952-	Name of Employer Ralph M. Williams & Associates	Date (month, day, year) 04/30/1999	Amount of Each Receipt this Period 250.00
	Occupation Real Estate Developer		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	28,575.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Freedom Project 111 C Street, SE Washington, DC 20003-		06/30/1999	319.63
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Lodging expense		
	Aggregate Year-to-Date ->	319.63	IN-KIND
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	319.63
TOTAL This Period (last page this line number only)	319.63

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Itemized Summary Page

Any information reported from such Reports and Statements may not be used in any manner for the purpose of soliciting contributions or for statistical purposes, other than obtain the name and address of any individual contributor to solicit contributions from such contributor.

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGC PAC 1957 E. St., NW Washington, DC 20006-		02/16/1999	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		1,500.00
B. Full Name, Mailing Address and Zip Code American Dental PAC 1111 14th St., NW Suite 1100 Washington, DC 20005-		05/14/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00
C. Full Name, Mailing Address and Zip Code American Dental PAC 1111 14th St., NW Suite 1100 Washington, DC 20005-		05/25/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		1,000.00
D. Full Name, Mailing Address and Zip Code American Electric Power 101 West Ohio Street Indianapolis, IN 46204-		06/29/1999	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code American Health Care Association PAC 1201 "L" St., NW Washington, DC 20005-		06/18/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00
F. Full Name, Mailing Address and Zip Code American Health Care Association PAC 1201 "L" St., NW Washington, DC 20005-		06/18/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		1,000.00
G. Full Name, Mailing Address and Zip Code American Hotel & Motel PAC 1201 New York Ave., NW Suite 600 Washington, DC 20005-3931		06/08/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		500.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the limited liability form

PAGE 2 OF 8
FOR LINE NUMBER 11 | c |

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

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

<p>A. Full Name, Mailing Address and Zip Code American Maritime Officers AFL-CIO 650 4th Ave. Brooklyn, NY 11232-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/14/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code American Medical PAC 1101 Vermont Ave., NW Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/16/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code American Optometric Association PAC 1505 Prince St. - Suite 300. Alexandria, VA 22314-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/25/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code American Orthotic & Prosthetic 1650 King St., Suite 500 Alexandria, VA 22314</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code American Trucking Assoc. 430 1st St., SE Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 08/08/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Boeing Company, PAC 1200 Wilson Blvd. Arlington, VA 22209-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/19/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Bristol-Myers Squibb Pac 345 Park Ave. New York, NY 10154</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

<p>SUBTOTAL of Receipts This Page (optional):</p>	<p>5,500.00</p>
<p>TOTAL This Period (last page this line number only):</p>	

SCHEDULE A

ITEMIZED RECEIPTS

See separate Schedule(s) for each category of the (A) - (G) Summary Lines

PAGE 3 OF 8

FOR LINE NUMBER 11(c)

Any information reported here which depicts and identifies any individual or identifiable person in the process of soliciting contributions or is otherwise intended for or to be used in the name and behalf of any political committee - by public officials or their own associates.

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

<p>A. Full Name, Mailing Address and Zip Code Build PAC 1201 15th St., NW Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Caterpillar Committee for Effective Govt 100 N.E. Adams St. Peoria, IL 61629-1430</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/22/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Chrysler Corporation Political Support Committee 1000 Chrysler Dr., CIM5 485-09-82 Auburn Hills, MI 48326-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/08/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Cinergy Corp. PAC P.O. Box 960, Suite 2910 Cincinnati, OH 45202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Credit Union Legislative Action Council 805 15th St., NW - Suite 300 Washington, DC 20005 2207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/16/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Federal Express PAC 2005 Corporate Ave. Memphis, TN 38132-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/22/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Federal Express PAC 2005 Corporate Ave. Memphis, TN 38132-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/22/1999</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

5,500.00

TOTAL This Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the related Summary Page

All information reported on these Reports and other forms may not be valid 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 your district.

NAME OF COMMITTEE (In Full) Hoosiers Supporting Buyer For Congress			
A. Full Name, Mailing Address and Zip Code Florida Power & Light Co. PAC 801 Pennsylvania Ave. NW North Bldg. #600 Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 06/29/1999	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date ->		1,000.00	
B. Full Name, Mailing Address and Zip Code Food Marketing Institute 800 Connecticut Ave., N.W. Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date ->		500.00	
C. Full Name, Mailing Address and Zip Code Food Marketing Institute 800 Connecticut Ave., N.W. Washington, DC 20006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 05/25/1999	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date ->		1,000.00	
D. Full Name, Mailing Address and Zip Code GTE PAC 1850 M St., NW Suite 1200 Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 06/18/1999	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date ->		500.00	
E. Full Name, Mailing Address and Zip Code General Dynamics PAC 3190 Fairview Park Drive Suite 200 Falls Church, VA 22042- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 06/29/1999	Amount of Each Receipt this Period 2,000.00
Aggregate Year-to-Date ->		2,000.00	
F. Full Name, Mailing Address and Zip Code General Dynamics PAC 3190 Fairview Park Drive Suite 200 Falls Church, VA 22042- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date ->		1,000.00	
G. Full Name, Mailing Address and Zip Code General Electric PAC 1299 Pennsylvania Ave., NW Suite 1100 Washington, DC 20004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation	Date (month, day, year) 05/26/1999	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date ->		500.00	

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

All information copied from each Report and Statement may not be valid, as used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the information for any political campaign. To solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code General Electric PAC 1299 Pennsylvania Ave., NW Suite 1100 Washington, DC 20004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 06/22/1999 Aggregate Year-to-Date -> 1,500.00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Highmark Health, PAC 1800 Center Street Camp Hill, PA 17089- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 05/19/1999 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Hoffmann-La Roche Inc. 1300 Eye St., NW Suite 350 W Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 06/29/1999 Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code ITT Industries 1650 Tysons Blvd. Mc Lean, VA 22102- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 06/29/1999 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code KOCHPAC 1450 G. Street N.W. Suite 445 Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 06/22/1999 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Litton 21240 Burbank Blvd. Woodland Hills, CA 91367- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 06/29/1999 Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Lockheed Martin Corp. 1725 Jefferson Davis Hwy. Crystal Square-2, Suite 300 Arlington, VA 22202- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Date (month, day, year) 06/29/1999 Aggregate Year-to-Date -> 2,000.00	Amount of Each Receipt this Period 2,000.00

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate consolidated
for each category of the
Detailed Summary Page

PAGE 6 OF 8
FOR LINE NUMBER 11(c)

Any information copied from each report and Statement may not be relied upon by any person for the purpose of soliciting contributions or for financial purposes, other than using the name and address of any political committee for soliciting contributions from the contributors.

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

<p>A. Full Name, Mailing Address and Zip Code Merck PAC U.S. 501 Pennsylvania Ave. NW North Building Suite 1200 Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/29/1999 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code National Automobile Dealers Association 412 First St., SE Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/25/1999 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code National Automobile Dealers Association 412 First St., SE Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/08/1999 1,500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Northrop Grumman Corporation PAC 1234 6th St. #204 Santa Monica, CA 90401-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/19/1999 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Norwest Corporation PAC Norwest Center Sixth and Marquette Minneapolis, MN 55479-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 05/25/1999 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Novartis Pac 2001 Pennsylvania Ave., NW Suite 925 Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/1999 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code PFIZER PAC 235 East 42nd St. New York, NY 10017-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 06/30/1999 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (Last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

All information copied from these Reports and statements may not be sold or used by any person for the purpose of making contributions to any commercial enterprise, other than using the name and address of any political committee to solicit contributions from such sources.

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

A. Full Name, Mailing Address and Zip Code RJR PAC P.O. Box 718 Winston Salem, NC 27102-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/14/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
B. Full Name, Mailing Address and Zip Code Raytheon, Pac 141 Spring St. Lexington, MA 02173-7899	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/22/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
C. Full Name, Mailing Address and Zip Code Rolls-Royce Allison P.O. Box 420 Indianapolis, IN 46206-0420	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/30/1999 facility of fundraiser	1,822.86
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,822.86 IN-KIND
D. Full Name, Mailing Address and Zip Code Sierra Health Services 2729 North Tenaya Way Las Vegas, NV 89128-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
E. Full Name, Mailing Address and Zip Code Southern Minnesota Sugar Cooperative PAC PAC Manager P.O. Box 500 Renville, MN 56284-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/30/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
F. Full Name, Mailing Address and Zip Code Team Ameritech PAC 1401 H St. NW Suite 1020 P.O. Box 27040 Washington, DC 20005-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/19/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
G. Full Name, Mailing Address and Zip Code Team Ameritech PAC 1401 H St. NW Suite 1020 P.O. Box 27040 Washington, DC 20005-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/19/1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00

SUBTOTAL of Receipts This Page (optional)	4,822.86
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use Separate Schedules for each Primary or the Related Summary Form

Any information reported here may be reported and discussed by any person for the purpose of collecting contributions or for any other purpose, other than making the determination of eligibility for certain federal benefits, without the written approval of any political committee to which the contribution was made.

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

<p>A. Full Name, Mailing Address and Zip Code Television & Radio PAC 1771 N. St., NW Washington, DC 20036-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/26/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code The Glaxo PAC 5 Moore Dr. Durham, NC 27709-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/29/1999</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code The Prudential Insurance Co., PAC 1203 W. Broadway Monicello, IN 47960-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/25/1999</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>D. Full Name, Mailing Address and Zip Code CPS PAC 55 Glenlake Parkway, N.E. Terraces North Atlanta, GA 30328-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 06/30/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code USAA Group PAC USAA Building San Antonio, TX 78288-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/26/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code United Technologies Corp. PAC 1401 Eye St., NW Suite 600 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 05/14/1999</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>4,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>42,322.86</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information appearing on such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, or for their use in the name and address of any political committee to solicit contributions from such committee.

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

<p>A. Full Name, Mailing Address and Zip Code Stephen Buyer 204A North Main St. Monticello, IN 47960-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer United States Government Occupation Fifth District Congressman</p> <p>Aggregate Year-to-Date -> 45.02</p>	<p>Date (month, day, year) 03/16/1999 reimbursement for supplies</p>	<p>Amount of Each Receipt this Period 45.02 MEMO</p>
<p>B. Full Name, Mailing Address and Zip Code Stephen Buyer 204A North Main St. Monticello, IN 47960-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer United States Government Occupation Fifth District Congressman</p> <p>Aggregate Year-to-Date -> 62.62</p>	<p>Date (month, day, year) 03/25/1999 reimbursement of supplies</p>	<p>Amount of Each Receipt this Period 17.60 MEMO</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category on the attached Summary Page

All receipts copied from such Reports and Publications may not be used or made to any extent for the purpose of supporting contributions or for political purposes. Also, they may be used for the purpose of any political campaign, election, or other political activity.

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Republican Congressional Commit 320 First St., SE Washington, DC 20003-		05/11/1999	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	300.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandler-Innocenzi, Inc. 705 Prince Street Alexandria, VA 22314-		02/01/1999	2,486.94
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	2,486.94
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	2,786.94
TOTAL This Period (Last page this line number only)	2,786.94

SCHEDULE A

ITEMIZED RECEIPTS

Any information reported on this receipt and statements filed in connection therewith for the purpose of determining the liability for federal income tax shall be treated as true and correct for all purposes, and the donor agrees to indemnify the recipient from any liability arising from such information.

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

A. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	01/12/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		36.69
B. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	02/09/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		70.86
C. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	03/11/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		107.86
D. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	04/12/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		145.79
E. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/10/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		179.06
F. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/10/1999	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		215.54
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	215.54
TOTAL This Period (last page this line number only)	215.54

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burrell Colour, Inc. 311 Merrillville Rd. Crown Point, IN 46307-	photograph expense Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/19/1999	424.25
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/1999	111.36
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/01/1999	40.87
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/1999	228.31
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960	gasoline Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/1999	42.10
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/06/1999	10.04
Stephen Buyer 204A North Main St. Monticello, IN 47960-	"see below" Disbursement for: <input type="checkbox"/> Public <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/1999	17.60

SUBTOTAL of Disbursements This Page (optional)	874.53
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

All information on this report must be true, correct and complete and must be used for any purpose for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions for such committee.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen Buyer 204A North Main St. Monticello, IN 47960-	"see below" Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/29/1999	213.05
The Capital Grille Washington, DC 20004-	campaign meeting for i/r Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/29/1999	213.05 MEMO
Stephen Buyer 204A North Main St. Monticello, IN 47960-	"see below" Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/1999	45.02
Stephen Buyer 204A North Main St. Monticello, IN 47960-	"see below" Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/1999	579.97
House Gift Shop Washington, DC 20036-	reimbursement for supplies Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/26/1999	579.97 MEMO
Stephen Buyer 204A North Main St. Monticello, IN 47960-	"see below" Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/1999	130.00
House Gift Shop Washington, DC 20036-	reimbursement for supplies Disbursement to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/17/1999	130.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	968.08
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

The information reported on this report represents and agrees to and not be subject to any liability for the purpose of this report and for all other commercial purposes, except that using the name and address of any individual identified to solicit contributions from that individual.

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

Full Name, Mailing Address and Zip Code Campbell Printing Company 125 North Van Rensselaer St. Rensselaer, IN 47978-	Purpose of Disbursement printing services Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/19/1999	Amount of Each Disbursement This Period 252.28
Full Name, Mailing Address and Zip Code Campbell Printing Company 125 North Van Rensselaer St. Renssolaer, IN 47978-	Purpose of Disbursement printing services Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/28/1999	Amount of Each Disbursement This Period 723.77
Full Name, Mailing Address and Zip Code Capitol Hill Club 300 1st. St., S.E. Washington, DC 20003-	Purpose of Disbursement non-resident dues Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/15/1999	Amount of Each Disbursement This Period 300.00
Full Name, Mailing Address and Zip Code Capitol Hill Club 300 1st. St., S.E. Washington, DC 20003-	Purpose of Disbursement fundraiser facilities Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/28/1999	Amount of Each Disbursement This Period 382.00
Full Name, Mailing Address and Zip Code Capitol Hill Club 300 1st. St., S.E. Washington, DC 20003-	Purpose of Disbursement fundraiser facilities Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/26/1999	Amount of Each Disbursement This Period 520.54
Full Name, Mailing Address and Zip Code Card Services P.O. Box 10347 Des Moines, IA 50306-	Purpose of Disbursement "see below" Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/18/1999	Amount of Each Disbursement This Period 344.99
Full Name, Mailing Address and Zip Code Capitol Hill Suites 200 C St. SE Washington, DC 20003-	Purpose of Disbursement hotel expense Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period 299.19 MEMO

SUBTOTAL of Disbursements This Page (optional):	2,523.64
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

The aggregate amount of the disbursements reported on this schedule for the Multiple Districts Form	PAGE	OF
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FOR LINE NUMBER		
17		

Any information copied from such reports and disbursements reported on this schedule for the purpose of excluding contributions or for nonreporting purposes, shall show only the name and address of any political committee to which the contributions were sent.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement "see below"	Date (month, day, year)	Amount of Each Disbursement This Period
Card Services P.O. Box 10347 Des Moines, IA 50306-		04/19/1999	927.62
Adventure Travel 514 St. Rd. 28 East Williamsport, IN 47993-	agent fee	04/19/1999	10.00 MEMO
Adventure Travel 514 St. Rd. 28 East Williamsport, IN 47993-	airline tickets	04/19/1999	295.00 MEMO
The Woodlands Hotel 2301 N Millbend Rd. The Woodlands, TX 77380-	hotel expense	04/19/1999	347.62 MEMO
U.S. Air Indianapolis, IN 46201-	Annual Fee	04/19/1999	275.00 MEMO
Card Services P.O. Box 10347 Des Moines, IA 50306-		05/19/1999	422.72
Adventure Travel 514 St. Rd. 28 East Williamsport, IN 47993-	airline tickets	04/30/1999	222.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	1,350.34
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Do not separate contributions for each contribution of the Recalled Safety Law	PAGE	OF
	5	17
FOR LINE NUMBER		17

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

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

Full Name, Mailing Address and Zip Code Card Services P.O. Box 10347 Des Moines, IA 50306-	Purpose of Disbursement annual fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/05/1999	Amount of Each Disbursement This Period 40.00 MEMO
Full Name, Mailing Address and Zip Code Card Services P.O. Box 10347 Des Moines, IA 50306-	Purpose of Disbursement "See below" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/15/1999	Amount of Each Disbursement This Period 2,500.00
Full Name, Mailing Address and Zip Code Aristotle Industries 205 Pennsylvania Avenue, S.E. Washington, DC 20003-1164	Purpose of Disbursement technical support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/15/1999	Amount of Each Disbursement This Period 2,500.00 MEMO
Full Name, Mailing Address and Zip Code Card Services P.O. Box 10347 Des Moines, IA 50306-	Purpose of Disbursement "See below" Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/19/1999	Amount of Each Disbursement This Period 75.00
Full Name, Mailing Address and Zip Code Adventure Travel 514 St. Rd. 28 East Williamsport, IN 47993-	Purpose of Disbursement airfare cost of flt. change Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/19/1999	Amount of Each Disbursement This Period 75.00 MEMO
Full Name, Mailing Address and Zip Code Ind. Dept of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-	Purpose of Disbursement payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/15/1999	Amount of Each Disbursement This Period 879.01
Full Name, Mailing Address and Zip Code Ind. Dept of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-	Purpose of Disbursement payroll tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/14/1999	Amount of Each Disbursement This Period 107.73

SUBTOTAL of Disbursements This Page (optional)	3,561.74
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ind. Dept of Revenue 100 N. Senate Ave. Indianapolis, IN 46204-	Income tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/12/1999	110.00
Indiana Republican State Central Comm. 200 S. Meridian, Ste. 400 Indianapolis, IN 46225-	Tickets for state dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/1999	1,250.00
Lafayette Mailing Service 3315 South Street Lafayette, IN 47904-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/19/1999	240.56
Lafayette Mailing Service 3315 South Street Lafayette, IN 47904-	mailing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/28/1999	42.82
Lafayette Mailing Service 3315 South Street Lafayette, IN 47904-	mailing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/1999	27.60
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	Computer upgrade Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/05/1999	942.67
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/1999	3.37

SUBTOTAL of Disbursements This Page (optional)	2,617.02
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	office supplies Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/05/1999	84.42
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	office supplies Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/03/1999	13.41
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	office supplies Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/06/1999	74.46
Stephanie Mattix 4479 E. Oakcrest Dr. Monticello, IN 47960-	payroll Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/26/1999	434.85
Stephanie Mattix 4479 E. Oakcrest Dr. Monticello, IN 47960-	payroll Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/30/1999	322.84
Stephanie Mattix 4479 E. Oakcrest Dr. Monticello, IN 47960-	payroll Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/30/1999	263.55
Michelle Mills 7916N - 700W Delphi, IN 46923-	payroll Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/31/1999	674.84

SUBTOTAL of Disbursements This Page (optional)	1,868.37
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michelle Mills 7916N - 700W Delphi, IN 46923-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/30/1999	765.52
Michelle Mills 7916N - 700W Delphi, IN 46923-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/1999	453.45
Michelle Mills 7916N - 700W Delphi, IN 46923-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/26/1999	619.48
Michelle Mills 7916N - 700W Delphi, IN 46923-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/28/1999	611.58
Michelle Mills 7916N - 700W Delphi, IN 46923-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/29/1999	508.80
National Republican Congressional Commit 320 First St., SE Washington, DC 20003-	Conference fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/21/1999	300.00
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/06/1999	158.02

SUBTOTAL of Disbursements This Page (optional)	3,436.85
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/30/1999	102.21
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/05/1999	112.35
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/01/1999	205.92
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/04/1999	72.16
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/01/1999	150.11
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/03/1999	185.06
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/11/1999	299.67

SUBTOTAL of Disbursements This Page (optional):	1,127.48
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each calendar year of the reporting period.

PAGE 10 OF 17

FOR LINE NUMBER 17

All information copied from bank reports and statements may not be as accurate as any person for the purpose of soliciting contributions or for electoral purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	federal tax deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/11/1999	310.45
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/1999	50.00
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	money order Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/1999	24.16
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/14/1999	234.95
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/1999	206.03
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/12/1999	225.31
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	money order Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/05/1999	16.64

SUBTOTAL of Disbursements This Page (optional)	1,067.54
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll tax Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/12/1999	198.00
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/1999	27.75
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	Petty cash Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/15/1999	50.00
Norwest Bank 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/14/1999	1,795.36
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/19/1999	13.13
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/1999	185.34
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement type: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/22/1999	136.07

SUBTOTAL of Disbursements This Page (optional)	2,405.65
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

All information reported here is for reporting and disclosure purposes only and is not to be used for any other purpose. For the purpose of political contributions or for financial purposes, other than using the normal address of any political committee to actually contribute from such committee.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/19/1999	100.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/12/1999	66.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/29/1999	6.84
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/14/1999	34.21
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/23/1999	33.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/13/1999	32.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/13/1999	32.00

SUBTOTAL of Disbursements This Page (optional)	304.05
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category or the detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		
17		

Any information copied from this schedule and statements may not be sold or otherwise published for the purpose of soliciting contributions or for financial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/23/1999	7.25
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/1999	99.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/1999	975.59
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/25/1999	66.00
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/1999	11.75
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/13/1999	9.80
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/28/1999	101.20

SUBTOTAL of Disbursements This Page (optional)	1,270.59
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/10/1999	66.03
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/03/1999	36.20
Q Graphics 108 E. Main St. Delphi, IN 46921-	printing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/20/1999	1,492.00
Q Graphics 108 E. Main St. Delphi, IN 46923-	printing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/04/1999	1,617.95
Quayle 2000 2929 E. Camelback Rd. Suite 124 Phoenix, AZ 85016-	contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/19/1999	1,000.00
Rolls-Royce Allison P.O. Box 420 Indianapolis, IN 46206-0420	facility of fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/30/1999	1,022.86
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/18/1999	370.85

SUBTOTAL of Disbursements This Page (optional)	6,405.89
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any disbursement reported on such reports and statements may not be used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone expense Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/19/1999	288.94
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone expense Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/19/1999	349.98
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone expense Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/20/1999	218.59
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone expense Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/18/1999	252.29
Sprint P.O. Box 74517 Atlanta, GA 30374-	telephone expense Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/19/1999	239.44
The Army and Navy Club 901 17th St., N.W. Washington, DC 20006-	food expense Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/30/1999	356.80
The Freedom Project 111 C Street, SE Washington, DC 20003-	fundraising event Disbursement type: <input type="checkbox"/> Military <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/03/1999	1,125.00

SUBTOTAL of Disbursements This Page (optional)	2,831.04
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Freedom Project 121 C Street, SE Washington, DC 20003-	Lodging Expense <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	06/30/1999	319.63
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	February rent <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/29/1999	435.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	Rent for May <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	04/29/1999	435.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	January rent <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/06/1999	435.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	April rent <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/31/1999	435.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	Rent for June <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/28/1999	435.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	march rent <input type="checkbox"/> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/26/1999	435.00

IN-KIND

SUBTOTAL of Disbursements This Page (optional)	2,929.63
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Do not write on this page For use only of the District Party Rep.	PAGE	OF
	17	17
FOR LINE NUMBER		
17		

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Xerox Corporation 104 N. Vine-Su 2 Greencastle, IN 46135-	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	05/19/1999	128.10
Xerox Corporation 104 N. Vine-Su 2 Greencastle, IN 46135-	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/05/1999	667.50
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SUBTOTAL of Disbursements This Page (optional)	795.60
TOTAL This Period (last page this line number only)	36,338.04

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Hoosiers Supporting Buyer For Congress A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Corporate Card Services P.O. Box 10347 Des Moines, IA 50306	-0-	\$5661.06	\$4270.33	\$1390.73
Nature of Debt (Purpose): Campaign Travel Expense				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$1390.73
2) TOTALS This Period (last page in this line only)				\$1390.73
3) TOTAL OUTSTANDING LOANS from Schedule G (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$1390.73

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7/30/04
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<hr/>	
<i>JLW</i> PREPARER	8/3/04 DATE PREPARED