

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P, O, Box 408
 Check if different than previously reported. (ACC)
Anderson IN 46015

2. **FEC IDENTIFICATION NUMBER** C00350397
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
IN 06

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2005 through 03 31 2005

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 Steve Ford

Signature of Treasurer Electronically Filed by Steve Ford Date 07 17 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mike Pence Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	103184.15	104224.15
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	103184.15	104224.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	79759.74	123280.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	79659.74	123180.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	213939.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Mike Pence Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

55544.81

56544.81

(ii) Unitemized.....

425.00

465.00

(iii) TOTAL of contributions

55969.81

57009.81

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

47214.34

47214.34

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

103184.15

104224.15

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

100.00

100.00

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

834.89

1433.93

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

104119.04

105758.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79759.74	123280.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	6500.00	6650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	86259.74	129930.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	196079.90
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	104119.04
25. SUBTOTAL (add Line 23 and Line 24).....	300198.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86259.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	213939.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
C2 Group LLC

Mailing Address 101 Constitution Ave. NW, Ste. 900

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50414.C9953

Amount of Each Receipt this Period
1000.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 facility fees

B. Full Name (Last, First, Middle Initial)
Ken Abramowitz

Mailing Address 200 Central Park S.
Apt. 31A

City New York State NY Zip Code 10019-1448

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9893

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul Antanasio

Mailing Address 74 Tioga Walk

City Breezy Point State NY Zip Code 11697

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

Name of Employer Occupation
UBS Financial Services Investment Banking

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9891

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
James Burke Jr.
Mailing Address 174 Elmsley Ct.
City State Zip Code
Ridgewood NJ 07450
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Stonington Partners, Inc. Investment Banking
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005
Transaction ID: 50413.C9885
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Claire Clark
Mailing Address 9823 Spring Forest Dr.
City State Zip Code
Indianapolis IN 46260
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005
Transaction ID: 50413.C9900
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Cline
Mailing Address 101 Constitution Ave. NW Ste. 900
C2 GROUP LLC PARTNER
City State Zip Code
Washington DC 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
C2 Group LLC partner
Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005
Transaction ID: 50414.C9955
Amount of Each Receipt this Period
200.00
Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
ITEMIZE

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Carl Cohen

Mailing Address 1106 Laurelwood

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
CIC Enterprises, Inc President and CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1900.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9908

Amount of Each Receipt this Period
1900.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carl Cohen

Mailing Address 1106 Laurelwood

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
CIC Enterprises, Inc President and CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

4000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9907

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tom Crawford

Mailing Address 101 Constitution Ave. NW, Ste. 900
C2 GROUP LLC PARTNER

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
C2 Group LLC partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2005

Transaction ID: 50414.C9954

Amount of Each Receipt this Period
200.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
ITEMIZE

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Paul Curry

Mailing Address 9874 E. Balancing Rock

City State Zip Code
Scottsdale AZ 85262-2360

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9901

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John DAddario Jr.

Mailing Address 19 Danton Ln. N.

City State Zip Code
Locust Valley NY 11560

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

Name of Employer J. DAddario & Co. Inc. Occupation Executive Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9874

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
E. Mark Deister

Mailing Address P.O. Box 5275

City State Zip Code
Fort Wayne IN 46895

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

Name of Employer Deister Machine Co. Occupation OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9867

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Vincent DiGirolamo

Mailing Address 11181 Mesquite Dr.

City State Zip Code
Scottsdale AZ 85262

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9940

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael Fedak M.D.

Mailing Address 655 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer self Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9890

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jud Fisher

Mailing Address 5750 N. Co. Rd. 700 W.

City State Zip Code
Muncie IN 47304

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

Name of Employer Ball Brothers Foundation Occupation Foundation (charitable) Exec.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 10 / 2005

Transaction ID: 50127.C9839

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Richard Freeland

Mailing Address 7100 W. Jefferson Blvd.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation
Pizza Hut OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9897

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Garthwait, Sr.

Mailing Address P.O. Box 1367

City State Zip Code
Waterbury CT 06721

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

Name of Employer Occupation
Cly-Del Manufacturing Co Chairman of the Board

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9888

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pauline Geyer

Mailing Address 1229 Maxine Dr.

City State Zip Code
Fort Wayne IN 46807

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

Name of Employer Occupation
Geyer Industrial OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9870

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Eugene Glick

Mailing Address P.o. Box 40177

City State Zip Code
Indianapolis IN 46240

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

Name of Employer Occupation
Gene B. Glick Co. Inc. Owner/President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2005

Transaction ID: 50413.C9918

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
A.H. Gordon

Mailing Address 645 Fith Avenue

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2005

Transaction ID: 50413.C9919

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William W. Hanka

Mailing Address 4016 14th St., NW
1130 Connecticut Ave., NW Suite 30

City State Zip Code
Washington DC 20011

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

Name of Employer Occupation
The Ferguson Group Lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2005

Transaction ID: 50413.C9852

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Michael Hanson

Mailing Address 101 Constituion Ave. NW, Ste. 900
C2 GROUP LLC PARTNER

City Washington State DC Zip Code 20001

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

Name of Employer C2 Group LLC Occupation partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50414.C9957

Amount of Each Receipt this Period
200.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
ITEMIZE

B. Full Name (Last, First, Middle Initial)
Hart Hasten

Mailing Address 901 Roundtable Ct.

City Indianapolis State IN Zip Code 46260

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

Name of Employer Hasten Bancorp Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9925

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Elizabeth Henricks

Mailing Address 13013 Bridgeview Ct.

City Mc Cordsville State IN Zip Code 46055

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

Name of Employer CIC Enterprises, Inc Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9912

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Lacy Herrmann

Mailing Address 380 Madison Ave., Ste. 2300

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Aquila Investment Mgmt. Chairman
L.L.C.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1044.81

Date of Receipt
MM / DD / YYYY
03 / 14 / 2005

Transaction ID: 50414.C9951

Amount of Each Receipt this Period
1044.81

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 Catering

B. Full Name (Last, First, Middle Initial)
Thomas Irmscher

Mailing Address 10401 Mohawk Ct.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation
Irmscher Construction Inc. PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50413.C9938

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Naomi Jewett

Mailing Address 10932 Shiregreen Ln.

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer Occupation
Auto Collision Service Treasurer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005

Transaction ID: 50413.C9868

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2544.81
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Emmanuel Kampouris

Mailing Address 622 Van Beuren Rd.

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2005

Transaction ID: 50413.C9921

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Kemper

Mailing Address 61 Broadway 24th Floor

City State Zip Code
New York NY 10006

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

Name of Employer Occupation
Loeb Partners Corp. Investment Banker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2005

Transaction ID: 50413.C9920

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Byron Lamm

Mailing Address 830 Mill Lake Road

City State Zip Code
Fort Wayne IN 46845

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

Name of Employer Occupation
Pine Oaks Group President/ Investment Research

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9922

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Douglas LeMaster

Mailing Address 2342 E. 350 N.

City Bluffton State IN Zip Code 46714

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

Name of Employer Agrarian Grain Corporation Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9937

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Irwin Levin

Mailing Address 1 Indiana Square

City Indianapolis State IN Zip Code 46204-0627

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

Name of Employer Cohen and Malad Occupation ATTORNEY AT LAW

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9936

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nelson Litterst

Mailing Address 101 Consitution Ave. NW STE. 900
C2 GROUP LLC PARTNER

City Washington State DC Zip Code 20001

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

Name of Employer C2 Group LLC Occupation partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 50414.C9958

Amount of Each Receipt this Period
200.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
ITEMIZE

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Leonard Litwin

Mailing Address 1200 Union Turnpike

City State Zip Code
New Hyde Park NY 11040

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

Name of Employer Occupation
Glenwood Magmt. Corp President CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2005

Transaction ID: 50413.C9862

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joseph Maginn

Mailing Address 11257 Talon Trace

City State Zip Code
Fishers IN 46038

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

Name of Employer Occupation
self Insurance Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9875

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Morris Mark

Mailing Address 625 Park Ave., Apt. 7A

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Mark Asset Management OWNER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9887

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Benton Marks

Mailing Address 445 Pennsylvania St.

City Indianapolis State IN Zip Code 46204

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

Name of Employer Marks Realty Occupation REALTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2005

Transaction ID: 50413.C9933

Amount of Each Receipt this Period
 500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gigi Marks-Felscher

Mailing Address 9977 Mill Run

City Carmel State IN Zip Code 46032

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

Name of Employer self Occupation Author, Fitness Trainer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2005

Transaction ID: 50413.C9934

Amount of Each Receipt this Period
 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rebecca Martin

Mailing Address 10902 Sycamore Hills Dr.

City Fort Wayne State IN Zip Code 46804

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

Name of Employer Hospital Occupation Emergency Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50413.C9903

Amount of Each Receipt this Period
 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Randall Mays

Mailing Address 12525 N. La Belle Ct.

City Thiensville State WI Zip Code 53092

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9872

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald McArdle

Mailing Address 3530 Rosewood Drive

City Fort Wayne State IN Zip Code 46804

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

Name of Employer McArdle Realty & Consulting Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9924

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael McCormick

Mailing Address 11905 E. County Road 500 S.

City Zionsville State IN Zip Code 46077

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

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9873

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Joseph McLaughlin

Mailing Address 12 Colonial Ln

City State Zip Code
Riverside CT 06878

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

Name of Employer Occupation
Brown & Wood Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50413.C9892

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 101 Constitution Ave. NW, Ste. 900
C2 GROUP LLC PARTNER

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
C2 Group LLC partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005

Transaction ID: 50414.C9956

Amount of Each Receipt this Period
200.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
ITEMIZE

C. Full Name (Last, First, Middle Initial)
Michael Papo

Mailing Address 7629 Candlewood Lane

City State Zip Code
Indianapolis IN 46250

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

Name of Employer Occupation
Jewish Federation Of Greater I ADMINISTRATOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2005

Transaction ID: 50413.C9935

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Deborah Quilhot

Mailing Address 15331 Longview Cv.

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9866

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jeanette Quilhot

Mailing Address 9464 South 700 E. 92

City State Zip Code
Roanoke IN 46783

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2005

Transaction ID: 50413.C9871

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank E. Richardson

Mailing Address 19 East 72nd St.

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
self private investor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9894

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Douglas Rose

Mailing Address PO Box 90175

City Indianapolis State IN Zip Code 46290-0175

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

Name of Employer Irwin R. Rose and Co., Inc. Occupation Investments/Property Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9909

Amount of Each Receipt this Period
900.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Douglas Rose

Mailing Address PO Box 90175

City Indianapolis State IN Zip Code 46290-0175

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

Name of Employer Irwin R. Rose and Co., Inc. Occupation Investments/Property Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9910

Amount of Each Receipt this Period
2100.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Irwin Rose

Mailing Address P.O. Box 40879

City Indianapolis State IN Zip Code 46240-0879

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

Name of Employer Irwin R. Rose and Company Occupation REAL ESTATE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9932

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Michelle Marie Rose

Mailing Address 10799 Diamond Drive

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9911

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Allen Roth

Mailing Address 43 Lehigh Ct.

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
RSL Management VICE PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2005

Transaction ID: 50413.C9864

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pamela Ruble

Mailing Address 1722 Morgan Rd.

City State Zip Code
Monroeville IN 46773

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

Name of Employer Occupation
Performance Truck Sales Inc. SALES

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9942

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Todd Rumsey

Mailing Address 14416 Indian Creek Rd.

City State Zip Code
Fort Wayne IN 46815

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

Name of Employer Occupation
Ft. Wayne OB/GYN Consultants OB/GYN

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9939

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gary N. Schahet

Mailing Address 9333 N. Meridian

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Schahet Hotels Inc. HOTEL Management

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: 50413.C9861

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Frank Sica

Mailing Address 3 Westway

City State Zip Code
Bronxville NY 10708

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

Name of Employer Occupation
Tailwind Capital Managing Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9931

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Alicia Smith

Mailing Address 1401 K St. NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
The Smith Free Group Senior Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9902

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Harrison Smitson, Jr.

Mailing Address 6550 Meridian Parkway D.

City State Zip Code
Indianapolis IN 46220

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9896

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Spring

Mailing Address One Gracie Square

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Milbank, Tweed, Hadley & McCoy Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 50413.C9889

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Ron Stoller

Mailing Address 2501 Kingston Pointe

City State Zip Code
Fort Wayne IN 46815

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

Name of Employer Stollers Inc. Occupation EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9904

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Benedict Strafuss

Mailing Address 3495 Tournament Dr.

City State Zip Code
Memphis TN 38125

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

Name of Employer Cummins Mid-South LLC Occupation PRESIDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2005

Transaction ID: 50413.C9851

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Zohrab Tazian

Mailing Address 9609 Hera Court

City State Zip Code
Fort Wayne IN 46825

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

Name of Employer ZK Tazian Associates Occupation ENGINEER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9923

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Dana Trier

Mailing Address 450 Lexington Ave. Rm. 2236

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Davis Polk & Wardwell Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50413.C9886

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charles Witmer

Mailing Address One Beekman Place Apt. 2B

City State Zip Code
New York NY 10022-8057

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

Name of Employer Occupation
Witmer Asset Management OWNER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50413.C9884

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
George Witwer

Mailing Address 300 South-State Road 201

City State Zip Code
Bluffton IN 46714-9311

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

Name of Employer Occupation
News-Banner MANAGER

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2005

Transaction ID: 50413.C9869

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	55544.81

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Action Comm. for Rural Electrification

Mailing Address 4301 Wilson Boulevard

City State Zip Code
Arlington VA 22203-1860

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50413.C9858

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Akin, Gump, Strauss, Hauer & Feld PAC

Mailing Address 1333 New Hampshire Ave., NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2005

Transaction ID: 50413.C9850

Amount of Each Receipt this Period
750.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th St. NW, Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9928

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
American Federation of Govt Employees
Mailing Address 80 F. Street N.W.
City State Zip Code
Washington DC 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005
Transaction ID: 50413.C9857
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Meat Inst. PAC
Mailing Address 1150 Connecticut Ave. NW
12th Floor
City State Zip Code
Washington DC 20036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2005
Transaction ID: 50413.C9848
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC
Mailing Address 1300 North 17th Street
City State Zip Code
Rosslyn VA 22209
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005
Transaction ID: 50413.C9930
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 29 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Auction Mkt. PAC of the Chic. Brd. Trade
Mailing Address 141 W. Jackson Blvd
City Chicago State IL Zip Code 60604
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005
Transaction ID: 50413.C9856
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
B & D Sagamore Pac
Mailing Address 300 N. Meridian St., Ste. 2700
City Indianapolis State IN Zip Code 46204
FEC ID number of contributing federal political committee. **C** C00386904
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005
Transaction ID: 50413.C9883
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Cingular Wireless LLC Employee PAC
Mailing Address 5565 Glenridge Connector, Ste. 170
City Atlanta State GA Zip Code 30342
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005
Transaction ID: 50413.C9895
Amount of Each Receipt this Period
1000.00
Earmarked(Non-Directed)
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
NOTE: 1000 to Bell South

SUBTOTAL of Receipts This Page (optional) ► **3000.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 136
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Bell South Corp. Emp. Fed. PAC

Mailing Address 1155 Peachtree St. Ne

City Atlanta State GA Zip Code 30309

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Other

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 2 / 2 0 0 5

Transaction ID: CM10950413.C9895

Amount of Each Receipt this Period
 1000.00

Memo - Conduit memo total
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Earmarked Memo - Conduit total

B. Full Name (Last, First, Middle Initial)
Coal PAC

Mailing Address National Mining Association
1130 17th St. NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 0 5

Transaction ID: 50413.C9847

Amount of Each Receipt this Period
 1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify)

Election Cycle-to-Date 418.40

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 5 / 2 0 0 5

Transaction ID: 50414.C9959

Amount of Each Receipt this Period
 418.40

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 003 faxing of invitation

SUBTOTAL of Receipts This Page (optional)	1418.40
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
918.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	5

Transaction ID: 50414.C9961

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cummins Inc. PAC

Mailing Address 601 Pennsylvania Ave NW
North Building Suite 625

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00377952

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	5

Transaction ID: 50413.C9881

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DaimlerChrysler Corporation PAC

Mailing Address 1000 Chrysler Drive

City State Zip Code
Auburn Hills MI 48326

FEC ID number of contributing federal political committee. **C** C00043687

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	5

Transaction ID: 50413.C9865

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Dairy Farmers Of America PAC

Full Name (Last, First, Middle Initial)
Mailing Address 10220 N Executive Hills Blvd.

City State Zip Code
Kansas City MO 65153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9916

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Farm Credit Pac

Full Name (Last, First, Middle Initial)
Mailing Address 50 F Street Nw Suite 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9927

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Food Marketing Institute PAC

Full Name (Last, First, Middle Initial)
Mailing Address 655 Fifteenth Street Nw

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2005

Transaction ID: 50413.C9882

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address One Thomas Circle Nw
Suite 400

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005

Transaction ID: 50413.C9929

Amount of Each Receipt this Period
250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Microsoft Corporation PAC

Mailing Address 16011 NE 36th Way, Box 97017

City State Zip Code
Redmond WA 98073-9717

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9917

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Assoc. of Convenience StoresPAC

Mailing Address 1600 Duke Street

City State Zip Code
Alexandria VA 22314-3436

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2005

Transaction ID: 50413.C9849

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Assoc. PAC

Mailing Address 1100 S. Washington Street

City State Zip Code
Alexandria VA 22314-4494

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 5

Transaction ID: 50413.C9854

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Cattlemens Beef AssociationPAC

Mailing Address 1301 Pennsylvania Ave., Ste. 300

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
295.94

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 5

Transaction ID: 50414.C9960

Amount of Each Receipt this Period
295.94

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 catering

C. Full Name (Last, First, Middle Initial)
National Cattlemens Beef AssociationPAC

Mailing Address 1301 Pennsylvania Ave., Ste. 300

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1295.94

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 5

Transaction ID: 50413.C9860

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6295.94
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
National Chicken Council PAC

Mailing Address 1015 Fifteenth Street Nw, Ste. 930

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	5

Transaction ID: 50413.C9863

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Funeral Directors Assoc. PAC

Mailing Address 13625 Bishops Drive

City State Zip Code
Brookfield WI 53005-6607

FEC ID number of contributing federal political committee. **C** C00204008

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	0	5

Transaction ID: 50413.C9846

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Right To Work PAC

Mailing Address 8001 Braddock Rd., Ste. 500

City State Zip Code
Springfield VA 22151

FEC ID number of contributing federal political committee. **C** C00164384

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	5

Transaction ID: 50414.C9952

Amount of Each Receipt this Period
5000.00

In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 003 Fundraising Consulting fee

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Olson, Frank & Weeda Freedom PAC

Mailing Address 1400 16th St. NW #400

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50413.C9855

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pfizer Inc. Pac

Mailing Address 235 East 42nd Street

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9913

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Pork PAC

Mailing Address Natinal Pork Producers Council
PO Box 10383

City Des Moines State IA Zip Code 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: 50413.C9859

Amount of Each Receipt this Period
500.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Qwest PAC

Mailing Address 1020 19th St. N.W., Ste. 700

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00237156

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50413.C9915

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
RJReynolds Political Action Committee

Mailing Address P.O. Box 718, 401 N. Main Street

City Winston-Salem State NC Zip Code 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2005

Transaction ID: 50413.C9876

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
SBC Communications Employee PAC

Mailing Address 175 East Houston Room 4-7-01

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005

Transaction ID: 50413.C9877

Amount of Each Receipt this Period
5000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 38 / 136
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Society Of American Florists PAC

Mailing Address 1601 Duke Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50413.C9914

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Truck PAC

Mailing Address 430 Firth Street Se

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2005

Transaction ID: 50413.C9926

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
United States Telecom Association PAC

Mailing Address 1401 H Street NW Suite 600

City State Zip Code
Washington DC 20005-2164

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2005

Transaction ID: 50413.C9880

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 39 / 136	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Verizon Communications PAC

Mailing Address 1717 Arch Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2005

Transaction ID: 50413.C9879

Amount of Each Receipt this Period
1000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	47214.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 136
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Markle Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 595		Transaction ID: 50413.C9944
City State Zip Code Markle IN 46770-	Amount of Each Receipt this Period 260.55	
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 771.34	

Full Name (Last, First, Middle Initial) B. Markle Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 595		Transaction ID: 50413.C9945
City State Zip Code Markle IN 46770-	Amount of Each Receipt this Period 261.21	
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1032.55	

Full Name (Last, First, Middle Initial) C. Markle Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 1 / 2 0 0 5
Mailing Address P.O. Box 595		Transaction ID: 50413.C9946
City State Zip Code Markle IN 46770-	Amount of Each Receipt this Period 236.53	
FEC ID number of contributing federal political committee. C		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1269.08	

SUBTOTAL of Receipts This Page (optional) ▶	758.29
TOTAL This Period (last page this line number only) ▶	758.29

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Bartholomew County Republicans		Transaction ID: 50413.E8154 Date of Disbursement 01 / 25 / 2005
Mailing Address 718 pearl st.		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State IN Zip Code 47201-	Purpose of Disbursement entertainment Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ENTERTAINMENT

Full Name (Last, First, Middle Initial) B. J.C.s Pioneers Baseball Team		Transaction ID: 50413.E8156 Date of Disbursement 03 / 21 / 2005
Mailing Address 20501 Cournty Lake Blvd.		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Noblesville State IN Zip Code 46060-	Purpose of Disbursement Ad sponsorship Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AD SPONSORSHIP

Full Name (Last, First, Middle Initial) C. Muncie SportsPlex		Transaction ID: 50413.E8157 Date of Disbursement 03 / 30 / 2005
Mailing Address 425 N. High St.		Amount of Each Disbursement this Period 380.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Muncie State IN Zip Code 47305-	Purpose of Disbursement Ad sponsorship Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	AD SPONSORSHIP

SUBTOTAL of Disbursements This Page (optional) ▶	1130.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. C2 Group LLC		Transaction ID: 50414.C9953IK Date of Disbursement MM / DD / YYYY 03 / 17 / 2005	
Mailing Address 101 Constitution Ave. NW, Ste. 900		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20001-	Purpose of Disbursement facility fees	Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: FACILITY FEES

Full Name (Last, First, Middle Initial) B. Bickels Meetings and Banquets		Transaction ID: 50413.E8040 Date of Disbursement MM / DD / YYYY 02 / 07 / 2005	
Mailing Address 21 W. 8th St.		Amount of Each Disbursement this Period 850.00	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement meals	Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEALS

Full Name (Last, First, Middle Initial) C. Conservative Victory Fund PAC		Transaction ID: 50414.C9959IK Date of Disbursement MM / DD / YYYY 02 / 15 / 2005	
Mailing Address P.O. Box 15245		Amount of Each Disbursement this Period 418.40	
City Washington State DC Zip Code 20003-	Purpose of Disbursement faxing of invitation	Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: FAXING OF INVITA- TION

SUBTOTAL of Disbursements This Page (optional) ▶	2268.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. A.B. LLC		Transaction ID: 50413.E8149 Date of Disbursement 01 / 10 / 2005	
Mailing Address 21 W 8TH ST		Amount of Each Disbursement this Period 250.00	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

OFFICE RENT

Full Name (Last, First, Middle Initial) B. A.B. LLC		Transaction ID: 50413.E8150 Date of Disbursement 02 / 07 / 2005	
Mailing Address 21 W 8TH ST		Amount of Each Disbursement this Period 250.00	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

OFFICE RENT

Full Name (Last, First, Middle Initial) C. A.B. LLC		Transaction ID: 50413.E8151 Date of Disbursement 03 / 01 / 2005	
Mailing Address 21 W 8TH ST		Amount of Each Disbursement this Period 250.00	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office rent Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Jerry Alexander		Transaction ID: 50413.E8080 Date of Disbursement 01 / 03 / 2005	
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 131.54	
City Anderson	State IN	Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	PAYROLL	

Full Name (Last, First, Middle Initial) B. Jerry Alexander		Transaction ID: 50413.E8081 Date of Disbursement 01 / 10 / 2005	
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 131.55	
City Anderson	State IN	Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	PAYROLL	

Full Name (Last, First, Middle Initial) C. Jerry Alexander		Transaction ID: 50413.E8082 Date of Disbursement 01 / 17 / 2005	
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 131.54	
City Anderson	State IN	Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	394.63
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Jerry Alexander Full Name (Last, First, Middle Initial) Mailing Address 1114 Emily Lane City Anderson State IN Zip Code 46012-		Transaction ID: 50413.E8083 Date of Disbursement 01 / 24 / 2005
Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 131.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

B. Jerry Alexander Full Name (Last, First, Middle Initial) Mailing Address 1114 Emily Lane City Anderson State IN Zip Code 46012-		Transaction ID: 50413.E8084 Date of Disbursement 01 / 31 / 2005
Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 131.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

C. Jerry Alexander Full Name (Last, First, Middle Initial) Mailing Address 1114 Emily Lane City Anderson State IN Zip Code 46012-		Transaction ID: 50413.E8085 Date of Disbursement 02 / 07 / 2005
Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 116.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

SUBTOTAL of Disbursements This Page (optional) ▶	379.72
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Jerry Alexander		Transaction ID: 50413.E8086 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 5	
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 116.63	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL		

Full Name (Last, First, Middle Initial) B. Jerry Alexander		Transaction ID: 50413.E8087 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 5	
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 116.63	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL		

Full Name (Last, First, Middle Initial) C. Jerry Alexander		Transaction ID: 50413.E8088 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5	
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 116.62	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL		

SUBTOTAL of Disbursements This Page (optional) ▶	349.88
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Jerry Alexander		Transaction ID: 50413.E8089 Date of Disbursement 03 / 07 / 2005
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 116.63
City Anderson State IN Zip Code 46012-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

Full Name (Last, First, Middle Initial) B. Jerry Alexander		Transaction ID: 50413.E8090 Date of Disbursement 03 / 14 / 2005
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 170.78
City Anderson State IN Zip Code 46012-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

Full Name (Last, First, Middle Initial) C. Jerry Alexander		Transaction ID: 50413.E8091 Date of Disbursement 03 / 21 / 2005
Mailing Address 1114 Emily Lane		Amount of Each Disbursement this Period 170.78
City Anderson State IN Zip Code 46012-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	458.19
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Jerry Alexander Full Name (Last, First, Middle Initial) Mailing Address 1114 Emily Lane City Anderson State IN Zip Code 46012- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8197 Date of Disbursement 03 / 28 / 2005 Amount of Each Disbursement this Period 170.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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B. Aristotle International, Inc. Full Name (Last, First, Middle Initial) Mailing Address 50 E. St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement software support Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8158 Date of Disbursement 01 / 13 / 2005 Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SOFTWARE SUPPORT
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C. Ron Arnold Full Name (Last, First, Middle Initial) Mailing Address 3709 Tulip St. City Anderson State IN Zip Code 46011- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8092 Date of Disbursement 01 / 17 / 2005 Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	5920.78
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Ron Arnold		Transaction ID: 50413.E8093 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 5
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 6200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Ron Arnold		Transaction ID: 50413.E8054 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Petty Cash Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PETTY CASH

Full Name (Last, First, Middle Initial) C. National Cattlemens Beef AssociationPAC		Transaction ID: 50414.C99601K Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 5
Mailing Address 1301 Pennsylvania Ave., Ste. 300		Amount of Each Disbursement this Period 295.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20004-	Purpose of Disbursement catering Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: CATERING

SUBTOTAL of Disbursements This Page (optional) ▶	6695.94
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Brackemyre Publishing		Transaction ID: 50413.E8159 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 10133 Preston Ct.		Amount of Each Disbursement this Period 332.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fishers State IN Zip Code 46038-	Category/Type 001	
Purpose of Disbursement subscription	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUBSCRIPTION
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 50413.E8037 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 300 1st St., Se		Amount of Each Disbursement this Period 75.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type 003	
Purpose of Disbursement meals	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEALS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. Capitol Hill Club		Transaction ID: 50413.E8038 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address 300 1st St., Se		Amount of Each Disbursement this Period 223.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Category/Type 003	
Purpose of Disbursement meals	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEALS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	631.08
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 50413.E8135 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 5
Mailing Address 5565 Glennridge Connector Suite 1401		Amount of Each Disbursement this Period 173.95
City Atlanta State GA Zip Code 30342-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone Candidate Name	001 Category/Type	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 50413.E8136 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 5565 Glennridge Connector Suite 1401		Amount of Each Disbursement this Period 171.96
City Atlanta State GA Zip Code 30342-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone Candidate Name	001 Category/Type	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 50413.E8137 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address 5565 Glennridge Connector Suite 1401		Amount of Each Disbursement this Period 173.40
City Atlanta State GA Zip Code 30342-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone Candidate Name	001 Category/Type	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	519.31
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Anderson City Utilities		Transaction ID: 50413.E8169 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 120 E. 8th St.		Amount of Each Disbursement this Period 181.15
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	001 Category/Type	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Anderson City Utilities		Transaction ID: 50413.E8171 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address 120 E. 8th St.		Amount of Each Disbursement this Period 202.91
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	001 Category/Type	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Anderson City Utilities		Transaction ID: 50413.E8172 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 120 E. 8th St.		Amount of Each Disbursement this Period 176.36
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	001 Category/Type	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	560.42
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Insight Communications		Transaction ID: 50413.E8167 Date of Disbursement 01 / 10 / 2005
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 53.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) B. Insight Communications		Transaction ID: 50413.E8173 Date of Disbursement 02 / 25 / 2005
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 53.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) C. Insight Communications		Transaction ID: 50413.E8174 Date of Disbursement 03 / 01 / 2005
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 53.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶	159.78
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Insight Communications		Transaction ID: 50413.E8176 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 47.37
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	Category/Type 001	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Insight Communications		Transaction ID: 50413.E8175 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 47.37
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	Category/Type 001	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Insight Communications		Transaction ID: 50413.E8177 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 47.28
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	Category/Type 001	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	142.02
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Insight Communications		Transaction ID: 50413.E8178 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 53.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) B. SBC		Transaction ID: 50413.E8138 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 5
Mailing Address 220 N. Meridian St.		Amount of Each Disbursement this Period 366.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

Full Name (Last, First, Middle Initial) C. SBC		Transaction ID: 50413.E8139 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 5
Mailing Address 220 N. Meridian St.		Amount of Each Disbursement this Period 27.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶	446.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. SBC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 50413.E8141</p> <p>Date of Disbursement</p> <p>02 / 07 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>27.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p>B. SBC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 50413.E8140</p> <p>Date of Disbursement</p> <p>02 / 07 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>570.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p>C. SBC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 50413.E8142</p> <p>Date of Disbursement</p> <p>03 / 10 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>479.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1077.03</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. SBC Full Name (Last, First, Middle Initial) Mailing Address 220 N. Meridian St. City Indianapolis State IN Zip Code 46204- Purpose of Disbursement telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8143 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5 Amount of Each Disbursement this Period 27.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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B. Erie Insurance Group Full Name (Last, First, Middle Initial) Mailing Address 100 Erie Ins. Pl. City Erie State PA Zip Code 16530- Purpose of Disbursement insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8049 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5 Amount of Each Disbursement this Period 574.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INSURANCE
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C. Erie Insurance Group Full Name (Last, First, Middle Initial) Mailing Address 100 Erie Ins. Pl. City Erie State PA Zip Code 16530- Purpose of Disbursement insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8048 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5 Amount of Each Disbursement this Period 1516.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INSURANCE
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SUBTOTAL of Disbursements This Page (optional) ▶	2117.43
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address 924 S. Shady Grove Rd.</p> <p>City Memphis State TN Zip Code 38120-</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8147</p> <p>Date of Disbursement 01 / 10 / 2005</p> <p>Amount of Each Disbursement this Period 199.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>B. Federal Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 924 S. Shady Grove Rd.</p> <p>City Memphis State TN Zip Code 38120-</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8148</p> <p>Date of Disbursement 02 / 07 / 2005</p> <p>Amount of Each Disbursement this Period 55.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p>C. Toles Flowers</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 627 Nichol Ave.</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8036</p> <p>Date of Disbursement 01 / 10 / 2005</p> <p>Amount of Each Disbursement this Period 323.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FLOWERS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 003</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>578.59</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Toles Flowers		Transaction ID: 50413.E8042 Date of Disbursement 03 / 10 / 2005
Mailing Address 627 Nichol Ave.		Amount of Each Disbursement this Period 57.77
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement flowers Candidate Name	007 Category/Type	FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Liane Harrold		Transaction ID: 50413.E8182 Date of Disbursement 01 / 12 / 2005
Mailing Address 1100 S. Nebo		Amount of Each Disbursement this Period 300.00
City Muncie State IN Zip Code 47304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement webhosting Candidate Name	001 Category/Type	WEBHOSTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lacy Herrmann		Transaction ID: 50414.C99511K Date of Disbursement 03 / 14 / 2005
Mailing Address 380 Madison Ave., Ste. 2300		Amount of Each Disbursement this Period 1044.81
City New York State NY Zip Code 10017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Catering Candidate Name	003 Category/Type	IN KIND: CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1402.58
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. M.C. Homes		Transaction ID: 50413.E8057 Date of Disbursement 02 / 25 / 2005	
Mailing Address 10 1/2 W. 8th St.		Amount of Each Disbursement this Period 377.50	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office maintenance Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE MAINTENANCE	

Full Name (Last, First, Middle Initial) B. M.C. Homes		Transaction ID: 50413.E8026 Date of Disbursement 03 / 01 / 2005	
Mailing Address 10 1/2 W. 8th St.		Amount of Each Disbursement this Period 600.00	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Sign removal Candidate Name	Category/Type 004 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SIGN REMOVAL	

Full Name (Last, First, Middle Initial) C. Huckaby- Davis-Lisker		Transaction ID: 50413.E8030 Date of Disbursement 02 / 25 / 2005	
Mailing Address Suite 115 228 South Washington Street		Amount of Each Disbursement this Period 3016.08	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement FEC Consulting Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC CONSULTING	

SUBTOTAL of Disbursements This Page (optional) ▶	3993.58
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Huckaby- Davis-Lisker		Transaction ID: 50413.E8031 Date of Disbursement 03 / 21 / 2005
Mailing Address Suite 115 228 South Washington Street		Amount of Each Disbursement this Period 750.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEC Consulting	Category/ Type 001	FEC CONSULTING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Nextel		Transaction ID: 50413.E8144 Date of Disbursement 01 / 13 / 2005
Mailing Address P.O. Box 172408		Amount of Each Disbursement this Period 471.89
City Denver State CO Zip Code 80217-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone	Category/ Type 001	TELEPHONE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Nextel		Transaction ID: 50413.E8145 Date of Disbursement 02 / 07 / 2005
Mailing Address P.O. Box 172408		Amount of Each Disbursement this Period 451.34
City Denver State CO Zip Code 80217-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement telephone	Category/ Type 001	TELEPHONE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1673.23
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Nextel		Transaction ID: 50413.E8146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address P.O. Box 172408		Amount of Each Disbursement this Period 477.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217-	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8113 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 5
Mailing Address 2905 E. 46th St.		Amount of Each Disbursement this Period 251.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46205-	Category/Type 001	
Purpose of Disbursement payroll taxes Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8101 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 5
Mailing Address 2905 E. 46th St.		Amount of Each Disbursement this Period 26.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46205-	Category/Type 001	
Purpose of Disbursement payroll service Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	755.04
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8114 Date of Disbursement 01 / 10 / 2005	
Mailing Address 2905 E. 46th St.		Amount of Each Disbursement this Period 250.10	
City Indianapolis	State IN	Zip Code 46205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
Purpose of Disbursement payroll taxes	001 Category/Type		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8102 Date of Disbursement 01 / 10 / 2005	
Mailing Address 2905 E. 46th St.		Amount of Each Disbursement this Period 26.19	
City Indianapolis	State IN	Zip Code 46205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL SERVICE
Purpose of Disbursement payroll service	001 Category/Type		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8115 Date of Disbursement 01 / 17 / 2005	
Mailing Address 2905 E. 46th St.		Amount of Each Disbursement this Period 250.12	
City Indianapolis	State IN	Zip Code 46205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
Purpose of Disbursement payroll taxes	001 Category/Type		
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional)	526.41
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8103 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2005"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL SERVICE	
Amount of Each Disbursement this Period		<input type="text" value="26.19"/>
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8192 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2005"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="66.32"/>
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8116 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2005"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="250.10"/>
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="342.61"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8104	
Mailing Address 2905 E. 46th St.		Date of Disbursement 01 / 24 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 26.19
Purpose of Disbursement payroll service	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL SERVICE
State: District:			

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8119	
Mailing Address 2905 E. 46th St.		Date of Disbursement 01 / 31 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 400.15
Purpose of Disbursement payroll taxes	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8118	
Mailing Address 2905 E. 46th St.		Date of Disbursement 01 / 31 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 1643.79
Purpose of Disbursement payroll taxes	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	001 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2070.13
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8117	
Mailing Address 2905 E. 46th St.		Date of Disbursement 01 / 31 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 3.19
Purpose of Disbursement payroll taxes		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8120	
Mailing Address 2905 E. 46th St.		Date of Disbursement 01 / 31 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 25.51
Purpose of Disbursement payroll taxes		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8105	
Mailing Address 2905 E. 46th St.		Date of Disbursement 01 / 31 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 44.19
Purpose of Disbursement payroll service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL SERVICE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	72.89
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8106
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 02 / 07 / 2005
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	Amount of Each Disbursement this Period 27.16	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8121
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 02 / 07 / 2005
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	Amount of Each Disbursement this Period 417.15	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8107
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 02 / 14 / 2005
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	Amount of Each Disbursement this Period 27.66	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	471.97
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8122	
Mailing Address 2905 E. 46th St.		Date of Disbursement 02 / 17 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 1788.78
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8108	
Mailing Address 2905 E. 46th St.		Date of Disbursement 02 / 21 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 27.66
Purpose of Disbursement payroll service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL SERVICE
State: District:			

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8126	
Mailing Address 2905 E. 46th St.		Date of Disbursement 02 / 21 / 2005	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 263.77
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	2080.21
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8109 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL SERVICE	
Amount of Each Disbursement this Period		<input type="text" value="27.66"/>

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8127 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="263.79"/>

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8128 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2005"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="543.61"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="835.06"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8110 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICE
State: District:	Amount of Each Disbursement this Period <input type="text" value="27.66"/>	

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8129 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="03"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: District:	Amount of Each Disbursement this Period <input type="text" value="263.77"/>	

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8111 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="03"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL SERVICE
State: District:	Amount of Each Disbursement this Period <input type="text" value="27.66"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="319.09"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8130 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="278.66"/>

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8112 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	<input type="text" value="001"/> Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL SERVICE	
Amount of Each Disbursement this Period		<input type="text" value="27.66"/>

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8131 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="278.65"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="584.97"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Advantage Payroll Service		Transaction ID: 50413.E8194 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="278.65"/>

Full Name (Last, First, Middle Initial) B. Advantage Payroll Service		Transaction ID: 50413.E8195 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL TAXES	
Amount of Each Disbursement this Period		<input type="text" value="182.40"/>

Full Name (Last, First, Middle Initial) C. Advantage Payroll Service		Transaction ID: 50413.E8193 Date of Disbursement
Mailing Address 2905 E. 46th St.		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/>
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	<input type="text" value="001"/> Category/Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL SERVICE	
Amount of Each Disbursement this Period		<input type="text" value="27.66"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="488.71"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Anderson Auxiliary Police		Transaction ID: 50413.E8055
Mailing Address 1125 Towsey Dr.		Date of Disbursement 01 / 26 / 2005
City Anderson	State IN	Zip Code 46016-
Purpose of Disbursement ad sponsorship	Amount of Each Disbursement this Period 225.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	AD SPONSORSHIP	

Full Name (Last, First, Middle Initial) B. Paust Printers		Transaction ID: 50413.E8046
Mailing Address 14 N. Tenth St.		Date of Disbursement 01 / 12 / 2005
City Richmond	State IN	Zip Code 47375-
Purpose of Disbursement printing	Amount of Each Disbursement this Period 2289.60	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PRINTING	

Full Name (Last, First, Middle Initial) C. Master Productions		Transaction ID: 50413.E8027
Mailing Address 9419 W. Constellation Dr.		Date of Disbursement 01 / 13 / 2005
City Pendleton	State IN	Zip Code 46064-
Purpose of Disbursement computer consulting	Amount of Each Disbursement this Period 250.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	COMPUTER CONSULTING	

SUBTOTAL of Disbursements This Page (optional)	2764.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial)		Transaction ID: 50413.E8028																					
A. Master Productions		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	8		2	0	0	5														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement computer consulting		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																		
001																							
250.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		COMPUTER CONSULTING																				
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: 50413.E8029																					
B. Master Productions		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	9		2	0	0	5														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement computer consulting		<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																		
001																							
250.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		COMPUTER CONSULTING																				
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: 50414.C99521K																					
C. National Right To Work PAC		Date of Disbursement																					
Mailing Address 8001 Braddock Rd., Ste. 500		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	5														
City Springfield	State VA	Zip Code 22151-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fundraising Consulting fee		<table border="1"> <tr> <td>003</td> </tr> </table> Category/ Type	003	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																		
003																							
5000.00																							
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		IN KIND: FUNDRAISING CONS- ULTING FEE																				
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Roll Call		Transaction ID: 50413.E8161 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2005
Mailing Address N. C St.		Amount of Each Disbursement this Period 265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement subscription Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUBSCRIPTION Category/Type: 001

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: 50413.E8047 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2005
Mailing Address 100 N SENATE AVE.		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement tax on interest income Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAX ON INTEREST INCOME Category/Type: 001

Full Name (Last, First, Middle Initial) C. Alan Siktberg		Transaction ID: 50413.E8163 Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2005
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement reimburse tax Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE TAXI Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) ▶	1297.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Alan Siktberg		Transaction ID: 50413.E8039 Date of Disbursement 01 / 25 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 44.00	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement meals Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

MEALS

Full Name (Last, First, Middle Initial) B. Alan Siktberg		Transaction ID: 50413.E8041 Date of Disbursement 01 / 25 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 148.70	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement meals Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

MEALS

Full Name (Last, First, Middle Initial) C. Alan Siktberg		Transaction ID: 50413.E8094 Date of Disbursement 02 / 07 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 491.99	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	684.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Alan Siktberg		Transaction ID: 50413.E8095 Date of Disbursement 02 / 14 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.55	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial) B. Alan Siktberg		Transaction ID: 50413.E8096 Date of Disbursement 02 / 21 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.55	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial) C. Alan Siktberg		Transaction ID: 50413.E8097 Date of Disbursement 02 / 28 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.55	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	283.65
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Alan Siktberg		Transaction ID: 50413.E8098 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.55	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial) B. Alan Siktberg		Transaction ID: 50413.E8099 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.55	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

Full Name (Last, First, Middle Initial) C. Alan Siktberg		Transaction ID: 50413.E8100 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2005	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.55	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	283.65
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Alan Siktberg		Transaction ID: 50413.E8198 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 94.56	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Star Financial Bank		Transaction ID: 50413.E8180 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 5	
Mailing Address 735 Main Street		Amount of Each Disbursement this Period 4081.69	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Vehicle purchase Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	VEHICLE PURCHASE	

Full Name (Last, First, Middle Initial) C. The Muncie Times		Transaction ID: 50413.E8056 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5	
Mailing Address 1394 N. Broadway		Amount of Each Disbursement this Period 250.00	
City Muncie State IN Zip Code 47305-	Purpose of Disbursement advertising Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING	

SUBTOTAL of Disbursements This Page (optional) ▶	4426.25
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Vectren		Transaction ID: 50413.E8164	
Mailing Address 1630 N. MERIDIAN ST.		Date of Disbursement 01 / 10 / 2005	
City Indianapolis	State IN	Zip Code 46202-	Amount of Each Disbursement this Period 79.20
Purpose of Disbursement utilities	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		UTILITIES

Full Name (Last, First, Middle Initial) B. Vectren		Transaction ID: 50413.E8165	
Mailing Address 1630 N. MERIDIAN ST.		Date of Disbursement 01 / 24 / 2005	
City Indianapolis	State IN	Zip Code 46202-	Amount of Each Disbursement this Period 169.87
Purpose of Disbursement utilities	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		UTILITIES

Full Name (Last, First, Middle Initial) C. Vectren		Transaction ID: 50413.E8166	
Mailing Address 1630 N. MERIDIAN ST.		Date of Disbursement 03 / 01 / 2005	
City Indianapolis	State IN	Zip Code 46202-	Amount of Each Disbursement this Period 149.29
Purpose of Disbursement utilities	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		UTILITIES

SUBTOTAL of Disbursements This Page (optional)	398.36
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Verizon South		Transaction ID: 50413.E8132 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 5
Mailing Address P.o. Box 920041		Amount of Each Disbursement this Period 109.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Verizon South		Transaction ID: 50413.E8133 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5
Mailing Address P.o. Box 920041		Amount of Each Disbursement this Period 109.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Verizon South		Transaction ID: 50413.E8134 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 5
Mailing Address P.o. Box 920041		Amount of Each Disbursement this Period 111.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	329.97
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. VISA		Transaction ID: 50413.E8185 Date of Disbursement 01 / 17 / 2005	
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 1838.21	
City Madison	State WI	Zip Code 53707-1042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
Purpose of Disbursement SEE BELOW		Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gateway Business Direct		Transaction ID: 50413.E7843 Date of Disbursement 01 / 17 / 2005	
Mailing Address P.O. Box 31012		Amount of Each Disbursement this Period 49.99	
City Hartford	State CT	Zip Code 06150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE EQUIPMENT
Purpose of Disbursement Office equipment		Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gateway Business Direct		Transaction ID: 50413.E7844 Date of Disbursement 01 / 17 / 2005	
Mailing Address P.O. Box 31012		Amount of Each Disbursement this Period 974.06	
City Hartford	State CT	Zip Code 06150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE EQUIPMENT
Purpose of Disbursement office equipment		Category/ Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1838.21
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Gateway Business Direct		Transaction ID: 50413.E7852	
Mailing Address P.O. Box 31012		Date of Disbursement 01 / 17 / 2005	
City Hartford	State CT	Zip Code 06150-	Amount of Each Disbursement this Period 195.95
Purpose of Disbursement office equipment	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		[MEMO ITEM] MEMO: OFFICE EQUIPMENT

Full Name (Last, First, Middle Initial) B. MCL Cafeteria		Transaction ID: 50413.E7842	
Mailing Address 2109 St. Rd. 9		Date of Disbursement 01 / 17 / 2005	
City Anderson	State IN	Zip Code 46012-	Amount of Each Disbursement this Period 31.30
Purpose of Disbursement meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 007		[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Meijer		Transaction ID: 50413.E7850	
Mailing Address 6610 Scatterfield Road		Date of Disbursement 01 / 17 / 2005	
City Anderson	State IN	Zip Code 46016-	Amount of Each Disbursement this Period 1.02
Purpose of Disbursement mels	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 007		[MEMO ITEM] MEMO: MELS

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Meijer		Transaction ID: 50413.E7849 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 172.77
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	Category/Type 007	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meijer		Transaction ID: 50413.E7851 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 64.54
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Meijer		Transaction ID: 50413.E7846 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 5.70
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Meijer		Transaction ID: 50413.E7847 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 304.76
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Meijer		Transaction ID: 50413.E7848 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 33.37
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 50413.E7845 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 4.75
City Anderson State IN Zip Code 46011-	Purpose of Disbursement postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. VISA		Transaction ID: 50413.E8184 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 1114.48
City Madison State WI Zip Code 53707-1042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Airlines		Transaction ID: 50413.E7856 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005
Mailing Address 4333 Amon Carter Blvd.		Amount of Each Disbursement this Period 376.69
City Fort Worth State TX Zip Code 76155-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Travel Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: AIR TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Franklin Covey		Transaction ID: 50413.E7853 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005
Mailing Address 2200 W. Parkway Blvd.		Amount of Each Disbursement this Period 91.23
City Salt Lake City State UT Zip Code 84119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1114.48
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. US Capitol Historical Soc.		Transaction ID: 50413.E7854 Date of Disbursement 01 / 17 / 2005
Mailing Address US Capitol Building		Amount of Each Disbursement this Period 596.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement mementos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEMENTOS

Full Name (Last, First, Middle Initial) B. VISA		Transaction ID: 50413.E8183 Date of Disbursement 01 / 17 / 2005
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 5365.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) C. Lucky Strikes Lanes		Transaction ID: 50413.E7878 Date of Disbursement 01 / 17 / 2005
Mailing Address St Rd. 13 S.		Amount of Each Disbursement this Period 48.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elwood State IN Zip Code 46036-	Purpose of Disbursement facility rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FACILITY RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶	5365.04
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Lucky Strikes Lanes

Full Name (Last, First, Middle Initial)
Lucky Strikes Lanes

Mailing Address St Rd. 13 S.

City Elwood State IN Zip Code 46036-

Purpose of Disbursement facility rental

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50413.E7879
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FACILITY RENTAL

B. Amoco Oil Co.

Full Name (Last, First, Middle Initial)
Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement fuel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50413.E7857
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FUEL

C. Amoco Oil Co.

Full Name (Last, First, Middle Initial)
Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement fuel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50413.E7859
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Amoco Oil Co.		Transaction ID: 50413.E7862 Date of Disbursement 01 / 17 / 2005	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 26.42	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: FUEL

Full Name (Last, First, Middle Initial) B. Amoco Oil Co.		Transaction ID: 50413.E7860 Date of Disbursement 01 / 17 / 2005	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 35.34	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: FUEL

Full Name (Last, First, Middle Initial) C. Amoco Oil Co.		Transaction ID: 50413.E7861 Date of Disbursement 01 / 17 / 2005	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 10.25	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Amoco Oil Co.

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement fuel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50413.E7858
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FUEL

B. Apple Bees

Full Name (Last, First, Middle Initial)

Mailing Address 110 E 16th St

City Yuma State AZ Zip Code 85365-

Purpose of Disbursement meals

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50413.E7863
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: MEALS

C. Milk Barn

Full Name (Last, First, Middle Initial)

Mailing Address E. 53rd and Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement fuel

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50413.E7885
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial) Bob Evans		Transaction ID: 50413.E7864 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5	
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 28.31	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

B. Full Name (Last, First, Middle Initial) Zinszers		Transaction ID: 50413.E7901 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5	
Mailing Address N. BROADWAY		Amount of Each Disbursement this Period 52.92	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement food Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: FOOD

C. Full Name (Last, First, Middle Initial) MCL Cafeteria		Transaction ID: 50413.E7882 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5	
Mailing Address 2109 St. Rd. 9		Amount of Each Disbursement this Period 59.31	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement meals Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Franklin Covey		Transaction ID: 50413.E7870 Date of Disbursement 01 / 17 / 2005	
Mailing Address 2200 W. Parkway Blvd.		Amount of Each Disbursement this Period 14.73	
City Salt Lake City State UT Zip Code 84119-	Purpose of Disbursement office supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Franklin Covey		Transaction ID: 50413.E7869 Date of Disbursement 01 / 17 / 2005	
Mailing Address 2200 W. Parkway Blvd.		Amount of Each Disbursement this Period 61.38	
City Salt Lake City State UT Zip Code 84119-	Purpose of Disbursement office supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Hunan Dynasty		Transaction ID: 50413.E7876 Date of Disbursement 01 / 17 / 2005	
Mailing Address 203 Pennsylvania South East		Amount of Each Disbursement this Period 100.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement meals Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Www.earthlink.net		Transaction ID: 50413.E7900	
Mailing Address 1375 Peachtree St. Level A		Date of Disbursement 01 / 17 / 2005	
City Atlanta	State GA	Zip Code 30309-	Amount of Each Disbursement this Period 51.45
Purpose of Disbursement internet service	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: INTERNET SERVICE
State: District:	Category/ Type 001		

Full Name (Last, First, Middle Initial) B. Evas Pancake House		Transaction ID: 50413.E7867	
Mailing Address 831 Broadway		Date of Disbursement 01 / 17 / 2005	
City Anderson	State IN	Zip Code 46012-	Amount of Each Disbursement this Period 18.18
Purpose of Disbursement meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
State: District:	Category/ Type 007		

Full Name (Last, First, Middle Initial) C. Evas Pancake House		Transaction ID: 50413.E7866	
Mailing Address 831 Broadway		Date of Disbursement 01 / 17 / 2005	
City Anderson	State IN	Zip Code 46012-	Amount of Each Disbursement this Period 17.00
Purpose of Disbursement meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
State: District:	Category/ Type 007		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. US House of Rep. Gift Shop		Transaction ID: 50413.E7896 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address Longworth H.O.B.		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement mementos Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEMENTOS

Full Name (Last, First, Middle Initial) B. Garfields		Transaction ID: 50413.E7873 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 2109 S. St Rd. 9		Amount of Each Disbursement this Period 32.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement meals Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Hobby Lobby		Transaction ID: 50413.E7874 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 5
Mailing Address 1804 N. State Rd. 109		Amount of Each Disbursement this Period 396.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Holiday Inn		Transaction ID: 50413.E7875 Date of Disbursement 01 / 17 / 2005	
Mailing Address 3 Ravina Dr. Sutie 2000		Amount of Each Disbursement this Period 1007.60	
City Atlanta State GA Zip Code 30346-1249	Purpose of Disbursement lodging Candidate Name	002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: LODGING

Full Name (Last, First, Middle Initial) B. The Congressional Institute		Transaction ID: 50413.E7892 Date of Disbursement 01 / 17 / 2005	
Mailing Address 316 Pennsylvania Ave., Se #403		Amount of Each Disbursement this Period 2003.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement lodging and meals Candidate Name	002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: LODGING AND MEALS

Full Name (Last, First, Middle Initial) C. Wall Street Journal		Transaction ID: 50413.E7897 Date of Disbursement 01 / 17 / 2005	
Mailing Address 84 Second Ave.		Amount of Each Disbursement this Period 17.98	
City Chicopee State MA Zip Code 01020-	Purpose of Disbursement office subscription Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: OFFICE SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Lowes</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4089 S. Scatterfield Rd.</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7877</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="54.91"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>B. Walmart</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 4420 Scatterfield Rd.</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7898</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.70"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>C. Marathon Oil Company</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 539 South Main Street</p> <p>City Findlay State OH Zip Code 45840-</p> <p>Purpose of Disbursement fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7880</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.26"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FUEL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Payless		Transaction ID: 50413.E7888	
Mailing Address 1900 Applewood Center		Date of Disbursement 01 / 17 / 2005	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 67.52
Purpose of Disbursement office supplies		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District:			

Full Name (Last, First, Middle Initial) B. RN Real One		Transaction ID: 50413.E7891	
Mailing Address P.O. Box 3009		Date of Disbursement 01 / 17 / 2005	
City Redmond	State WA	Zip Code 98073-	Amount of Each Disbursement this Period 12.95
Purpose of Disbursement office supplies		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District:			

Full Name (Last, First, Middle Initial) C. New York Times		Transaction ID: 50413.E7887	
Mailing Address 229 W. 43RD ST.		Date of Disbursement 01 / 17 / 2005	
City New York	State NY	Zip Code 10036-	Amount of Each Disbursement this Period 23.00
Purpose of Disbursement office subscription		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUBSCRIPTION
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Wendys		Transaction ID: 50413.E7899 Date of Disbursement MM / DD / YYYY 01 / 17 / 2005	
Mailing Address 1805 ST RD 109		Amount of Each Disbursement this Period 9.15	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

Full Name (Last, First, Middle Initial) B. VISA		Transaction ID: 50413.E8188 Date of Disbursement MM / DD / YYYY 02 / 22 / 2005	
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 158.76	
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement SEE BELOW Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SEE BELOW

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 50413.E7910 Date of Disbursement MM / DD / YYYY 02 / 22 / 2005	
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 44.10	
City Delray Beach State FL Zip Code 33445-	Purpose of Disbursement office supplies Candidate Name	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	158.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Meijer		Transaction ID: 50413.E7908 Date of Disbursement 02 / 22 / 2005	
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 54.44	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Office Supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 50413.E7907 Date of Disbursement 02 / 22 / 2005	
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 38.20	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement postage Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE	

Full Name (Last, First, Middle Initial) C. Pizza King		Transaction ID: 50413.E7909 Date of Disbursement 02 / 22 / 2005	
Mailing Address 523 Broadway		Amount of Each Disbursement this Period 22.02	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement meals Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. VISA		Transaction ID: 50413.E8186 Date of Disbursement 02 / 22 / 2005
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 2358.33
City Madison State WI Zip Code 53707-1042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alamo Flag - Union Station		Transaction ID: 50413.E7980 Date of Disbursement 02 / 22 / 2005
Mailing Address 50 Massachusetts Ave, NE #C-7		Amount of Each Disbursement this Period 31.49
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mementos Candidate Name	Category/Type 003	[MEMO ITEM] MEMO: MEMENTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alamo Flag - Union Station		Transaction ID: 50413.E7979 Date of Disbursement 02 / 22 / 2005
Mailing Address 50 Massachusetts Ave, NE #C-7		Amount of Each Disbursement this Period 126.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mementos Candidate Name	Category/Type 003	[MEMO ITEM] MEMO: MEMENTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2358.33
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Alamo Flag - Union Station		Transaction ID: 50413.E7981 Date of Disbursement 02 / 22 / 2005
Mailing Address 50 Massachusetts Ave, NE #C-7		Amount of Each Disbursement this Period 84.60
City Washington State DC Zip Code 20002-	Purpose of Disbursement mementos Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEMENTOS

Full Name (Last, First, Middle Initial) B. Cracker Barrel		Transaction ID: 50413.E7965 Date of Disbursement 02 / 22 / 2005
Mailing Address 2012 E. 59th St.		Amount of Each Disbursement this Period 7.26
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Amoco Oil Co.		Transaction ID: 50413.E7941 Date of Disbursement 02 / 22 / 2005
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 36.27
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Amoco Oil Co.		Transaction ID: 50413.E7942 Date of Disbursement 02 / 22 / 2005
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 27.40
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUEL

Full Name (Last, First, Middle Initial) B. Amoco Oil Co.		Transaction ID: 50413.E7985 Date of Disbursement 02 / 22 / 2005
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 26.90
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUEL

Full Name (Last, First, Middle Initial) C. Amoco Oil Co.		Transaction ID: 50413.E7943 Date of Disbursement 02 / 22 / 2005
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 20.00
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Bob Evans		Transaction ID: 50413.E7977 Date of Disbursement 02 / 22 / 2005	
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 9.61	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) B. Best Buy		Transaction ID: 50413.E7928 Date of Disbursement 02 / 22 / 2005	
Mailing Address P.O. Box 9312		Amount of Each Disbursement this Period 152.25	
City Minneapolis State MN Zip Code 55440-	Purpose of Disbursement office supplies Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: 50413.E7927 Date of Disbursement 02 / 22 / 2005	
Mailing Address P.O. Box 9312		Amount of Each Disbursement this Period 117.58	
City Minneapolis State MN Zip Code 55440-	Purpose of Disbursement office supplies Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Zinszers</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address N. BROADWAY</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7983</p> <p>Date of Disbursement</p> <p>02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>19.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FOOD</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>007</p>	

<p>B. Grindstone Charleys</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5627 Scatterfield Road</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7949</p> <p>Date of Disbursement</p> <p>02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>47.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>002</p>	

<p>C. Franklin Covey</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2200 W. Parkway Blvd.</p> <p>City Salt Lake City State UT Zip Code 84119-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7935</p> <p>Date of Disbursement</p> <p>02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>202.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Hunan Dynasty		Transaction ID: 50413.E7956 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 203 Pennsylvania South East		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 50413.E7930 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 28.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Delray Beach State FL Zip Code 33445-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Www.earthlink.net		Transaction ID: 50413.E7924 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 1375 Peachtree St. Level A		Amount of Each Disbursement this Period 51.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30309-	Purpose of Disbursement internet services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: INTERNET SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Bruners Family Restaurant		Transaction ID: 50413.E7963 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5	
Mailing Address 2200 W Kilgore Ave.		Amount of Each Disbursement this Period 17.92	
City Muncie State IN Zip Code 47304-	Purpose of Disbursement meals Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

Full Name (Last, First, Middle Initial) B. US House of Rep. Gift Shop		Transaction ID: 50413.E7978 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5	
Mailing Address Longworth H.O.B.		Amount of Each Disbursement this Period 45.00	
City Washington State DC Zip Code 20515-	Purpose of Disbursement mementos Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEMENTOS

Full Name (Last, First, Middle Initial) C. Holiday Inn		Transaction ID: 50413.E7969 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5	
Mailing Address 3 Ravina Dr. Sutie 2000		Amount of Each Disbursement this Period 15.00	
City Atlanta State GA Zip Code 30346-1249	Purpose of Disbursement meals Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Holiday Inn		Transaction ID: 50413.E7954 Date of Disbursement 02 / 22 / 2005
Mailing Address 3 Ravina Dr. Sutie 2000		Amount of Each Disbursement this Period 55.00
City Atlanta State GA Zip Code 30346-1249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
Purpose of Disbursement meals Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Holiday Inn		Transaction ID: 50413.E7974 Date of Disbursement 02 / 22 / 2005
Mailing Address 3 Ravina Dr. Sutie 2000		Amount of Each Disbursement this Period 12.77
City Atlanta State GA Zip Code 30346-1249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS	
Purpose of Disbursement meals Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wall Street Journal		Transaction ID: 50413.E7940 Date of Disbursement 02 / 22 / 2005
Mailing Address 84 Second Ave.		Amount of Each Disbursement this Period 17.98
City Chicopee State MA Zip Code 01020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUBSCRIPTIONS	
Purpose of Disbursement office subscriptions Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Kroger</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1900 Applewood Center</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7982</p> <p>Date of Disbursement</p> <p>02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>48.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> <p>MEMO: OFFICE SUPPLIES</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

<p>B. Love S Country</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2698 US 35 N.</p> <p>City Richmond State IN Zip Code 47374-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7933</p> <p>Date of Disbursement</p> <p>02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>32.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> <p>MEMO: OFFICE SUPPLIES</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

<p>C. Love S Country</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2698 US 35 N.</p> <p>City Richmond State IN Zip Code 47374-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7932</p> <p>Date of Disbursement</p> <p>02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>53.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> <p>MEMO: OFFICE SUPPLIES</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

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

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

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Love S Country		Transaction ID: 50413.E7966 Date of Disbursement 02 / 22 / 2005
Mailing Address 2698 US 35 N.		Amount of Each Disbursement this Period 5.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State IN Zip Code 47374-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) B. Walmart		Transaction ID: 50413.E7948 Date of Disbursement 02 / 22 / 2005
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 100.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Transaction ID: 50413.E7971 Date of Disbursement 02 / 22 / 2005
Mailing Address P.O. Box 2180		Amount of Each Disbursement this Period 1.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77252-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Marathon Oil Company		Transaction ID: 50413.E7944 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 13.32
City Findlay State OH Zip Code 45840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fuel	Category/Type 002	[MEMO ITEM] MEMO: FUEL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Pizza King		Transaction ID: 50413.E7984 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 523 Broadway		Amount of Each Disbursement this Period 50.00
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals	Category/Type 007	[MEMO ITEM] MEMO: MEALS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Pizza King		Transaction ID: 50413.E7960 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 523 Broadway		Amount of Each Disbursement this Period 27.00
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals	Category/Type 002	[MEMO ITEM] MEMO: MEALS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. RN Real One		Transaction ID: 50413.E7936 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 3009		Amount of Each Disbursement this Period 12.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Redmond State WA Zip Code 98073-	[001] Category/Type	
Purpose of Disbursement office supplies Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. RN Real One		Transaction ID: 50413.E7925 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 3009		Amount of Each Disbursement this Period 12.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Redmond State WA Zip Code 98073-	[001] Category/Type	
Purpose of Disbursement office supplies Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Edginn Restaurant		Transaction ID: 50413.E7962 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 2551 Nichol Ave.		Amount of Each Disbursement this Period 14.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	[002] Category/Type	
Purpose of Disbursement meals Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Flashbacks</p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address 18 W. 9th St.</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7961</p> <p>Date of Disbursement 02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 28.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 002</p>

<p>B. Ruby Tuesday</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5530 S. Scatterfield</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7957</p> <p>Date of Disbursement 02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 32.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 002</p>

<p>C. Target</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5501 Scatterfield Rd</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E7934</p> <p>Date of Disbursement 02 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 25.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. New York Times		Transaction ID: 50413.E7938 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 229 W. 43RD ST.		Amount of Each Disbursement this Period 23.00
City New York State NY Zip Code 10036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office subscriptions Candidate Name	001 Category/Type	[MEMO ITEM] MEMO: OFFICE SUBSCRIPTIONS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Walden Books		Transaction ID: 50413.E7931 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 2109 S. SCATTERFIELD RD		Amount of Each Disbursement this Period 45.71
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	001 Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wendys		Transaction ID: 50413.E7975 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 1805 ST RD 109		Amount of Each Disbursement this Period 4.33
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	002 Category/Type	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. VISA		Transaction ID: 50413.E8187 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 399.73
City Madison State WI Zip Code 53707-1042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amoco Oil Co.		Transaction ID: 50413.E7903 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 26.61
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fuel Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 50413.E7902 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 15.74
City Delray Beach State FL Zip Code 33445-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	399.73
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Giant Food Stores		Transaction ID: 50413.E7905 Date of Disbursement 02 / 22 / 2005
Mailing Address 6300 Sheriff Road		Amount of Each Disbursement this Period 226.62
City Landover State MD Zip Code 20785-	Purpose of Disbursement meals Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) B. Pizza Hut		Transaction ID: 50413.E7906 Date of Disbursement 02 / 22 / 2005
Mailing Address 2903 Main St.		Amount of Each Disbursement this Period 117.63
City Anderson State IN Zip Code 46016-	Purpose of Disbursement meals Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. VISA		Transaction ID: 50413.E8191 Date of Disbursement 03 / 10 / 2005
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 290.31
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	290.31
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Office Depot		Transaction ID: 50413.E7912 Date of Disbursement 03 / 10 / 2005
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 116.03
City Delray Beach State FL Zip Code 33445-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 50413.E7911 Date of Disbursement 03 / 10 / 2005
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 38.13
City Delray Beach State FL Zip Code 33445-	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Family Bookstore		Transaction ID: 50413.E7916 Date of Disbursement 03 / 10 / 2005
Mailing Address 2015 E. University Blvd.		Amount of Each Disbursement this Period 27.41
City Anderson State IN Zip Code 46012-	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 50413.E7913 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 1.89
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pizza King		Transaction ID: 50413.E7917 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 523 Broadway		Amount of Each Disbursement this Period 31.49
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	Category/Type 007	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Flashbacks		Transaction ID: 50413.E7914 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 18 W. 9th St.		Amount of Each Disbursement this Period 46.82
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	Category/Type 007	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial)		Transaction ID: 50413.E7915																					
A. Flashbacks		Date of Disbursement																					
Mailing Address 18 W. 9th St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	5														
City Anderson	State IN	Zip Code 46016-	Amount of Each Disbursement this Period																				
Purpose of Disbursement meals		Category/ Type 007	28.54																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	[MEMO ITEM] MEMO: MEALS																						

Full Name (Last, First, Middle Initial)		Transaction ID: 50413.E8190																					
B. VISA		Date of Disbursement																					
Mailing Address P.O. Box 77042		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	5														
City Madison	State WI	Zip Code 53707-1042	Amount of Each Disbursement this Period																				
Purpose of Disbursement SEE BELOW		Category/ Type	403.91																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	SEE BELOW																						

Full Name (Last, First, Middle Initial)		Transaction ID: 50413.E7922																					
C. American Air West		Date of Disbursement																					
Mailing Address 4000 E. SKY HARBOR BLVD.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	5														
City Phoenix	State AZ	Zip Code 85034-	Amount of Each Disbursement this Period																				
Purpose of Disbursement air travel		Category/ Type 002	288.40																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	[MEMO ITEM] MEMO: AIR TRAVEL																						

SUBTOTAL of Disbursements This Page (optional)	▶	403.91
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Amoco Oil Co.		Transaction ID: 50413.E7918 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 28.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUEL

Full Name (Last, First, Middle Initial) B. Marriott		Transaction ID: 50413.E7921 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address 501 W. WASHINGTON ST.		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Transaction ID: 50413.E7920 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 5
Mailing Address P.O. Box 2180		Amount of Each Disbursement this Period 33.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Houston State TX Zip Code 77252-	Purpose of Disbursement fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUEL

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Cato Travel		Transaction ID: 50413.E7919 Date of Disbursement MM / DD / YYYY 03 / 10 / 2005
Mailing Address 1925 N. LYNN ST, STE. 801		Amount of Each Disbursement this Period 20.00
City Arlington State VA Zip Code 22209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Service	Category/Type 002	[MEMO ITEM] MEMO: TRAVEL SERVICE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. VISA		Transaction ID: 50413.E8189 Date of Disbursement MM / DD / YYYY 03 / 21 / 2005
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 3111.19
City Madison State WI Zip Code 53707-1042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Category/Type	SEE BELOW
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Christian Computing Magazine		Transaction ID: 50413.E7997 Date of Disbursement MM / DD / YYYY 03 / 21 / 2005
Mailing Address P.O. Box 319		Amount of Each Disbursement this Period 525.00
City Belton State MO Zip Code 64012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement conference fees	Category/Type 001	[MEMO ITEM] MEMO: CONFERENCE FEES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	3111.19
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. American Air West		Transaction ID: 50413.E8016 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 4000 E. SKY HARBOR BLVD.		Amount of Each Disbursement this Period 448.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85034-	Purpose of Disbursement air travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial) B. Us Airways		Transaction ID: 50413.E8015 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address P.O. Box 2562		Amount of Each Disbursement this Period 132.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winston - Salem State NC Zip Code 27102-	Purpose of Disbursement air travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial) C. Arbys		Transaction ID: 50413.E8005 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 2010 Mounds Road		Amount of Each Disbursement this Period 13.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Zinszers</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address N. BROADWAY</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8018</p> <p>Date of Disbursement</p> <p>03 / 21 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>46.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FOOD</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 003</p>

<p>B. MCL Cafeteria</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2109 St. Rd. 9</p> <p>City Anderson State IN Zip Code 46012-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8004</p> <p>Date of Disbursement</p> <p>03 / 21 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>19.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p>C. MCL Cafeteria</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2109 St. Rd. 9</p> <p>City Anderson State IN Zip Code 46012-</p> <p>Purpose of Disbursement meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8003</p> <p>Date of Disbursement</p> <p>03 / 21 / 2005</p> <p>Amount of Each Disbursement this Period</p> <p>7.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Franklin Covey		Transaction ID: 50413.E7987 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 2200 W. Parkway Blvd.		Amount of Each Disbursement this Period 99.89
City Salt Lake City State UT Zip Code 84119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 50413.E7988 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 26.37
City Delray Beach State FL Zip Code 33445-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 50413.E7989 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 2200 Old Germantown Rd.		Amount of Each Disbursement this Period 5.29
City Delray Beach State FL Zip Code 33445-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Wwww.earthlink.net		Transaction ID: 50413.E7993 Date of Disbursement 03 / 21 / 2005
Mailing Address 1375 Peachtree St. Level A		Amount of Each Disbursement this Period 51.45
City Atlanta State GA Zip Code 30309-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service	Category/Type 001	[MEMO ITEM] MEMO: INTERNET SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Evas Pancake House		Transaction ID: 50413.E8001 Date of Disbursement 03 / 21 / 2005
Mailing Address 831 Broadway		Amount of Each Disbursement this Period 10.30
City Anderson State IN Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals	Category/Type 002	[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Evas Pancake House		Transaction ID: 50413.E8000 Date of Disbursement 03 / 21 / 2005
Mailing Address 831 Broadway		Amount of Each Disbursement this Period 16.00
City Anderson State IN Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals	Category/Type 002	[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Bruners Family Restaurant		Transaction ID: 50413.E8010 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 2200 W Kilgore Ave.		Amount of Each Disbursement this Period 11.50
City Muncie State IN Zip Code 47304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US House of Rep. Gift Shop		Transaction ID: 50413.E8024 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address Longworth H.O.B.		Amount of Each Disbursement this Period 89.94
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mementos Candidate Name	Category/Type 007	[MEMO ITEM] MEMO: MEMENTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US House of Rep. Gift Shop		Transaction ID: 50413.E8023 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address Longworth H.O.B.		Amount of Each Disbursement this Period 89.94
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement mementos Candidate Name	Category/Type 007	[MEMO ITEM] MEMO: MEMENTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Anderson Herald - Bulletin		Transaction ID: 50413.E7995	
Mailing Address 1133 Jackson St.		Date of Disbursement MM / DD / YYYY 03 / 21 / 2005	
City Anderson	State IN	Zip Code 46016-	Amount of Each Disbursement this Period 42.00
Purpose of Disbursement subscription	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: SUBSCRIPTION
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. Wall Street Journal		Transaction ID: 50413.E7996	
Mailing Address 84 Second Ave.		Date of Disbursement MM / DD / YYYY 03 / 21 / 2005	
City Chicopee	State MA	Zip Code 01020-	Amount of Each Disbursement this Period 17.98
Purpose of Disbursement office subscription	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: OFFICE SUBSCRIPTION
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) C. Walmart		Transaction ID: 50413.E8020	
Mailing Address 4420 Scatterfield Rd.		Date of Disbursement MM / DD / YYYY 03 / 21 / 2005	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 115.13
Purpose of Disbursement meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM] MEMO: MEALS
State: District:	Category/Type 003		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Walmart		Transaction ID: 50413.E8019 Date of Disbursement 03 / 21 / 2005	
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 120.82	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Transaction ID: 50413.E8013 Date of Disbursement 03 / 21 / 2005	
Mailing Address P.O. Box 2180		Amount of Each Disbursement this Period 30.00	
City Houston State TX Zip Code 77252-	Purpose of Disbursement fuel Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUEL	

Full Name (Last, First, Middle Initial) C. Office Max		Transaction ID: 50413.E7991 Date of Disbursement 03 / 21 / 2005	
Mailing Address 5517 Scatterfield Rd.		Amount of Each Disbursement this Period 12.40	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Praxair Full Name (Last, First, Middle Initial) Mailing Address 1400 Polco Street City Indianapolis State IN Zip Code 46222- Purpose of Disbursement parade supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8025 Date of Disbursement 03 / 21 / 2005 Amount of Each Disbursement this Period 153.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PARADE SUPPLIES
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B. Flashbacks Full Name (Last, First, Middle Initial) Mailing Address 18 W. 9th St. City Anderson State IN Zip Code 46016- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E7998 Date of Disbursement 03 / 21 / 2005 Amount of Each Disbursement this Period 13.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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C. Flashbacks Full Name (Last, First, Middle Initial) Mailing Address 18 W. 9th St. City Anderson State IN Zip Code 46016- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E7999 Date of Disbursement 03 / 21 / 2005 Amount of Each Disbursement this Period 30.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Southwest Airline		Transaction ID: 50413.E8008 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address P.o. Box 36647-1		Amount of Each Disbursement this Period 308.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75235-	Purpose of Disbursement air travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial) B. Subway		Transaction ID: 50413.E8012 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 406 1st Street, Se		Amount of Each Disbursement this Period 8.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement meals Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEALS

Full Name (Last, First, Middle Initial) C. Cato Travel		Transaction ID: 50413.E8007 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 1925 N. LYNN ST, STE. 801		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22209-	Purpose of Disbursement travel service Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. New York Times		Transaction ID: 50413.E7994 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 229 W. 43RD ST.		Amount of Each Disbursement this Period 23.00
City New York State NY Zip Code 10036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office subscription Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUBSCRIPTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Toast		Transaction ID: 50413.E8006 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 28 E. 13TH		Amount of Each Disbursement this Period 15.12
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	Category/Type 002	[MEMO ITEM] MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Walden Books		Transaction ID: 50413.E7990 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 5
Mailing Address 2109 S. SCATTERFIELD RD		Amount of Each Disbursement this Period 49.13
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Walden Books		Transaction ID: 50413.E7986 Date of Disbursement 03 / 21 / 2005
Mailing Address 2109 S. SCATTERFIELD RD		Amount of Each Disbursement this Period 68.56
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies	Category/Type 001	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wendys		Transaction ID: 50413.E8002 Date of Disbursement 03 / 21 / 2005
Mailing Address 1805 ST RD 109		Amount of Each Disbursement this Period 14.41
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals	Category/Type 002	[MEMO ITEM] MEMO: MEALS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mikah Wilson		Transaction ID: 50413.E8068 Date of Disbursement 01 / 03 / 2005
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 545.39
City Daleville State IN Zip Code 47334-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll	Category/Type 001	PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	545.39
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Mikah Wilson Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8069 Date of Disbursement 01 / 10 / 2005 Amount of Each Disbursement this Period 546.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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B. Mikah Wilson Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8070 Date of Disbursement 01 / 17 / 2005 Amount of Each Disbursement this Period 546.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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C. Mikah Wilson Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 50413.E8071 Date of Disbursement 01 / 24 / 2005 Amount of Each Disbursement this Period 546.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	1640.54
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

<p>A. Full Name (Last, First, Middle Initial) Mikah Wilson</p> <p>Mailing Address 12700 W Arrowhead Dr.</p> <p>City Daleville State IN Zip Code 47334-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="546.84"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>B. Full Name (Last, First, Middle Initial) Mikah Wilson</p> <p>Mailing Address 12700 W Arrowhead Dr.</p> <p>City Daleville State IN Zip Code 47334-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8073</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="546.85"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>C. Full Name (Last, First, Middle Initial) Mikah Wilson</p> <p>Mailing Address 12700 W Arrowhead Dr.</p> <p>City Daleville State IN Zip Code 47334-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50413.E8074</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="546.84"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1640.53"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Mikah Wilson		Transaction ID: 50413.E8075 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 5
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 546.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Mikah Wilson		Transaction ID: 50413.E8076 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 546.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Mikah Wilson		Transaction ID: 50413.E8077 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 5
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 546.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1640.54
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial) A. Mikah Wilson		Transaction ID: 50413.E8078 Date of Disbursement 03 / 14 / 2005	
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 546.84	
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Mikah Wilson		Transaction ID: 50413.E8079 Date of Disbursement 03 / 21 / 2005	
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 546.85	
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Mikah Wilson		Transaction ID: 50413.E8196 Date of Disbursement 03 / 28 / 2005	
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 546.84	
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	1640.53
TOTAL This Period (last page this line number only) ▶	78311.98

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

Full Name (Last, First, Middle Initial)
A. Principles Exalt a Nation PAC

Mailing Address P.O. Box 1131

City State Zip Code
Anderson IN 46015-

Purpose of Disbursement
political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50413.E8152
Date of Disbursement

01 / 11 / 2005

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Henry County Republicans

Mailing Address 225 South 11th Street

City State Zip Code
New Castle IN 47362-4616

Purpose of Disbursement
non fed. political contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 50413.E8153
Date of Disbursement

01 / 12 / 2005

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

6500.00