

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 26 A 11:33

1. NAME OF COMMITTEE (in full) Hoosters Supporting Buyer For Congress		2. FEC IDENTIFICATION NUMBER COO255471
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 200 North Main St., P.O. Box 712		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Monticello, IN 47960	STATE/DISTRICT IN 5	

4. TYPE OF REPORT

<input type="checkbox"/> April 15 Quarterly Report	<input checked="" type="checkbox"/> Twelfth day report preceding <u>General</u> (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on <u>11/07/2000</u> in the State of <u>IN</u>
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Thirtieth day report following the General Election on _____
<input type="checkbox"/> January 31 Year End Report	in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
<u>10/01/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	77,256.00	432,046.30
(b) Total Contribution Refunds (From Line 20(d))	250.00	2,200.00
(c) Net Contributions (other than loans) (subtract Line 5(b) from 6(a))	77,006.00	429,846.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	101,265.01	238,368.84
(b) Total Offsets to Operating Expenditures (from Line 14)		284.55
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	101,265.01	238,084.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	905,092.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$5794.13	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20468
Toll Free 800-424-9330
Local 202-218-3430

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

Type or Print Name of Treasurer Douglas E. RABENSTORF	Date 10/25/00
Signature of Treasurer <i>Douglas E. Rabenstorf</i>	

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

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Detailed Summary Page

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Hoosiers Supporting Buyer For Congress	Report Covering the Period: From: 10/01/2000 To: 10/18/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	20,350.00	
(ii) Unitemized	21,656.00	
(iii) Total of contributions from individual	42,006.00	179,444.70
(b) Political Party Committees	3,500.00	16,895.00
(c) Other Political Committees (such as PACs)	31,780.00	239,208.60
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	77,256.00	432,046.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		284.55
15. OTHER RECEIPTS (Dividends, Interest, etc.)	424.78	6,553.84
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	77,680.78	438,684.69
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	101,285.01	238,368.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	250.00	1,100.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		1,100.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	250.00	2,200.00
21. OTHER DISBURSEMENTS		1,200.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	101,515.01	241,768.84
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		328,927.08
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		77,680.78
25. SUBTOTAL (add Line 23 and Line 24)		406,607.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 18)		101,515.01
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		305,092.85

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Anderson 6805 A Fairview Rd. Charlotte, NC 28210-	Anderson Capital Consulting Occupation: Financial Planner	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
James Andrew 620 Central Avenue Lafayette, IN 47905-	Henry Poor Lumber Co. Occupation: CEO	10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
Jerry Ault P.O. Box 589 Wabash, IN 46992-	Frances Slocum Bank Occupation: Banker	10/18/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	300.00	
Nelson Becker 208 Fourth Street Logansport, IN 46947-	Self-Employed Occupation: Attorney	10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
Dr. John Bernero P.O. Box 400 Plymouth, IN 46563-	Self-Employed Occupation: Physician	10/10/2000	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	300.00	
Stephen Butler 87 Concord Dr. Madison, CT 06443-	Morgan Stanley Occupation: Investment Consultant	10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
William Calvo III 1941 SE 51st Terrace Ocala, FL 34471-	The Yankee Co. Occupation: Consultant	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Gary 713 Warren Rd. Lutz, FL 33549-	Horse Island Occupation Farmer	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code Alvah Chapman Jr. 1690 S. Bayshore Lane 10 A/B Miami, FL 33133-	Name of Employer Occupation retired	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
C. Full Name, Mailing Address and Zip Code Edward Croft Jr. 2525 Peachtree Rd. NE #31 Atlanta, GA 30305-	Name of Employer Occupation retired	10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code George Cusick P.O. Box 506 Leeds, AL 35094-	Name of Employer Occupation retired	10/11/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
E. Full Name, Mailing Address and Zip Code Steve Darby 404 Berkshire Hill Anderson, SC 29621-	Name of Employer Darby Electric Co. Occupation Manager	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code John Darling 67 Darling Parke Dr. Bangor, ME 04401-	Name of Employer Occupation retired	10/11/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code James Davis 2337 N. Untaluti Dr. Monticello, IN 47950-	Name of Employer Indiana Beach, Inc. Occupation Park Executive	10/05/2000	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)	1,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rex Early 8315 Union Chapel Rd. Indianapolis, IN 46240-	Carlisle Consolidated Insurance Occupation Insurance Agent	10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code William Erwin 2595 14B Road Bourbon, IN 46504-	self Occupation FARMER	10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	450.00	
C. Full Name, Mailing Address and Zip Code Andy Evans 290 N. Wabash St. Wabash, IN 46992-	Summit Electronics Occupation Engineer	10/18/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
D. Full Name, Mailing Address and Zip Code Eugene Fligg, Jr. 424 N. Calhoun St. Tallahassee, FL 32301-	self Occupation Engineer	10/17/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Richard Ford P.O. Box 45d Wabash, IN 46992-	Retired	10/10/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,150.00	
F. Full Name, Mailing Address and Zip Code Steven Ford 600 Hough Court Wabash, IN 46992-	Ford Meter Box Occupation Corporate Officer	10/10/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
G. Full Name, Mailing Address and Zip Code Tim Haake 1301 K Street NW Suite 900, East Tower Washington, DC 20005-	Haake & Associates Occupation Lawyer, Lobbyist	10/19/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

4 8
FOR LINE NUMBER
11(a)(i)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peggy Hamstra 12028 North 200 West Wheatfield, IN 46392-	Not Employed	10/13/2000	1,300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation housewife	food & Decorations for F/R	
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,300.00	IN-KIND
B. Full Name, Mailing Address and Zip Code Wilbert Hamstra 12028 N 200 W Wheatfield, IN 46392-	Name of Employer Hamstra Group, Inc.	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation President	Food & Decorations for F/R	
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	IN-KIND
C. Full Name, Mailing Address and Zip Code James Maughn 645 North Spring Street 65W. Hill St. Wabash, IN 46992-	Name of Employer self	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation doctor		
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	350.00	
D. Full Name, Mailing Address and Zip Code James Harlong 9307 Silver Lake Dr. Leesburg, FL 34708-	Name of Employer self	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Citrus		
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code T.C. Jacoby Jr. 12457 Limestone Spur Saint Louis, MO 63127-	Name of Employer self	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation broker		
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
F. Full Name, Mailing Address and Zip Code G.H. Kearse P.O. Box 521 Allendale, SC 29810-	Name of Employer	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation retired		
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
G. Full Name, Mailing Address and Zip Code Frances Leitner P.O. Box 607 Chester, SC 29706-	Name of Employer	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation retired		
<input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	100.00	

SUBTOTAL of Receipts This Page (optional)	2,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

5 8
FOR LINE NUMBER
11(a)(1)

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances Leitner P.O. Box 607 Chester, SC 29706-	retired	10/13/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
Arthur Mau 3473 W - 700 N Winamac, IN 46996-	Nurse Network CEO	10/16/2000	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	200.00	
Charles McAdams 1912 Cindy Lane Denton, TX 76201-	self doctor	10/16/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	250.00	
David Metzner 605 S. Lee St. Alexandria, VA 22314-	American consultant Consultant	10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Barbara Miller P.O. Box 277 Syracuse, IN 46567-	Not Employed housewife	10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Beverly Miller P.O. Box 1073 Warsaw, IN 46581-	housewife	10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
Dick Miller 12275 N. Ogden Pt. Rd. #112 Syracuse, IN 46567-9700	MM Invest. CEO	10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)	4,550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

6 8

FOR LINE NUMBER
11(a) (i)

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

A. Full Name, Mailing Address and Zip Code James Miller 1987 Chapman Warsaw, IN 46582-		Name of Employer MMM Invest.	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Executive	Aggregate Year-to-Date -> 1,000.00	
B. Full Name, Mailing Address and Zip Code Larry Pachniak P.O. Box 1511 Plymouth, IN 46563-		Name of Employer self	Date (month, day, year) 10/10/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation sales	Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code Charlie Pickett 3074 Running Deer Circle Louisville, KY 40241-		Name of Employer QCI	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Accountant	Aggregate Year-to-Date -> 250.00	
D. Full Name, Mailing Address and Zip Code Douglas Powell 110 Hampton Ct. Fayetteville, GA 30215-		Name of Employer Delta Airlines	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Instruction Assistant	Aggregate Year-to-Date -> 250.00	
E. Full Name, Mailing Address and zip Code Robert Pugh P.O. Box 159 Portland, AR 71663-		Name of Employer self	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation Farmer	Aggregate Year-to-Date -> 250.00	
F. Full Name, Mailing Address and Zip Code Bob Rauh 27 Golf Course Dr. Wabash, IN 46992-		Name of Employer	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation retired	Aggregate Year-to-Date -> 200.00	
G. Full Name, Mailing Address and Zip Code Brain Rowe P.O. Box 621259 Cincinnati, OH 45262-		Name of Employer	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Occupation retired	Aggregate Year-to-Date -> 500.00	

SUBTOTAL of Receipts This Page (optional) 2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

7 | 8

FOR LINE NUMBER
11(a) (-)

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

<p>A. Full Name, Mailing Address and Zip Code Timothy Rupp 1938 Great Falls St. Mc Lean, VA 22101-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Robert Siciliano 1359 Embassy Way Salt Lake City, UT 84108-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code John & Barbara Simmons 5873 E. State Rd. 218 La Fontaine, IN 46940-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 10/10/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>D. Full Name, Mailing Address and Zip Code James Smith 703 S. West St. Greensboro, GA 30642-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and Zip Code Mike Smith P.O. Box 1 Rensselaer, IN 47978-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer State of Indiana</p> <p>Occupation State Representative</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code R.R. Tippins III 204 S. Spring St. Claxton, GA 30417-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Tippins Bank & Trust Co</p> <p>Occupation Banker</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Peter Trone 932 Academy Road Culver, IN 46511-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Not Employed</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

1,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andy Warlick P.O. Box 1787 Gastonia, NC 28053- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Parkdale Mills Occupation PRGS./CEO Aggregate Year-to-Date -> 500.00	10/16/2000	500.00
Dameron Williams 5555 Montgomery Dr, E-1 Santa Rosa, CA 95409- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Aggregate Year-to-Date -> 500.00	10/13/2000	500.00
Mike Wilson P.O. Box 96 Wilson, AR 72395- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation Executive Aggregate Year-to-Date -> 1,000.00	10/16/2000	1,000.00
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
M. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL , This Period (last page this line number only)	20,350.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code Coburn for Congress P.O. Box 504 Muskogee, OK 74402-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Elect Luke Kenley P.O. Box 809 Noblesville, IN 46061-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ewing for Congress Committee P.O. Box 766 Pontiac, IL 61764-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Republican Heroes 2000 P.O. Box 144 Kenilworth, IL 60043-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/13/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year to Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>3,500.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule 16:
for each category of the
Detailed Summary Page

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGC PAC 333 John Carlyle St, Suite 200 Alexandria, VA 22314-		10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
B. Full Name, Mailing Address and Zip Code Allied Domecq Spirit & Wine USA, Inc. PAC P.O. Box 33006 Detroit, MI 48232-		10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
C. Full Name, Mailing Address and Zip Code American Crystal Sugar PAC 101 N. Third St. Moorhead, MN 56560-		10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00
D. Full Name, Mailing Address and Zip Code American Hotel & Motel PAC 1201 New York Ave., NW Suite 600 Washington, DC 20005-3931		10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	3,000.00
E. Full Name, Mailing Address and Zip Code American Moving & Storage Assoc. PAC 1611 Duke St. Alexandria, VA 22314-		10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code American Optometric Association PAC 1505 Prince St. - Suite 300, Alexandria, VA 22314-		10/16/2000	1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	2,500.00
G. Full Name, Mailing Address and Zip Code Ball Corp. PAC P.O. Box 5000 Broomfield, CO 80038-		10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	500.00

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brown & Williamson Tobacco Corp. EMPAC P.O. Box 35090 Louisville, KY 40232-		10/18/2000	3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	5,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Build PAC of the National Assoc. of Home Builders 1201 15th St., NW Washington, DC 20005-		10/18/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chicago Mercantile Exchange PAC 30 S. Wacker Dr. Chicago, IL 60606-		10/16/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Power & Light Employees' PAC 700 Universe Blvd. P.O. Box 14000 NORLD PALM BEACH, FL 33408-		10/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,070.29	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Food Distributors PAC 201 Park Washington Ct. Falls Church, VA 22046-		10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Food Marketing Institute PAC 655 15th St. NW Suite 700 Washington, DC 20005-		10/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Electric PAC 1299 Pennsylvania Ave., NW Suite 1100 Washington, DC 20004-		10/16/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,500.00	

SUBTOTAL of Receipts This Page (optional)	8,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and Zip Code General Electric PAC 1299 Pennsylvania Ave., NW Suite 1100 Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 10/18/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 2,500.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code G-P Employees Fund of Georgia Pacific Corp. 1875 Eye St. NW Suite 775 Washington, DC 20006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 10/16/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 2,500.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Great Lakes Sugar Beet Growers Assoc. PAC 4800 Fashion Square Blvd., Suite 485 Saginaw, MI 48604-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 10/18/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Highmark Health, PAC 1800 Center Street Camp Hill, PA 17089-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 20/18/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code House PAC 2700 Sanders Rd. Prospect Heights, IL 60070-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 10/18/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Hughes Electronics Fund P.O. Box 956 El Segundo, CA 90245-0956</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 10/16/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Lincoln National Corp. PAC 1300 South Clinton St. Fort Wayne, IN 46801-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Date (month, day, year) 10/18/2000</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the following summary page

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

<p>A. Full Name, Mailing Address and Zip Code Litton Employees PAC 21240 Burbank Blvd. Woodland Hills, CA 91367-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/18/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Microsoft Corp. Pac 16011 N.E. 36th Way Box 97017 Redmond, WA 98073-9717</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/16/2000 3,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Morgan Stanley Dean Witter & Co. PAC 2 World Trade Center, 45th Floor New York, NY 10048-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/18/2000 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code National City Corp. PAC 1900 East Ninth St. Cleveland, OH 44114-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/10/2000 250.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code National Franchisee Assoc. PAC P.O. Box 14261 Washington, DC 20044-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000 2,500.00</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>F. Full Name, Mailing Address and Zip Code RJR PAC 401 N. Main St. P.O. Box 718 Winston Salem, NC 27102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/16/2000 1,500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Rolls-Royce North America PAC P.O. Box 420 Indianapolis, IN 46206-0420</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/18/2000 2,189.30</p>	<p>Amount of each Receipt this Period 500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>5,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11(c)

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

<p>A. Full Name, Mailing Address and Zip Code SAIC Voluntary PAC 10260 Campus point Dr. F2 San Diego, CA 92121-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,300.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code SAIC Voluntary PAC 10260 Campus point Dr. F2 San Diego, CA 92121-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code SBC Communications Inc. Employee Federal PAC 175 E. Houston Room 4-J-01 San Antonio, TX 78205-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 5,500.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Spectrum Healthcare Services, Inc. PAC P.O. Box 419052 Saint Louis, MO 63141-9052</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 2,500.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 1,500.00</p>
<p>E. Full Name, Mailing Address and Zip Code TRW Good Govt Fund 1900 Richmond Road Cleveland, OH 44124-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code US Team PAC 100 West Putnam Ave. Greenwich, CT 06830-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code United Parcel Service PAC 55 Glenlake Parkway, N.E. Terraces North Atlanta, GA 30328-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 2,500.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

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

<p>A. Full Name, Mailing Address and Zip Code Wal*PAC 702 SW 8th St. Bentonville, AR 72716-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/13/2000</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p> <p>Aggregate Year-to-Date -></p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>31,750.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
15

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

<p>A. Full Name, Mailing Address and Zip Code Lafayette Bank & Trust P.O. Box 1130 Lafayette, IN 47902-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 10/10/2000</p> <p>Aggregate Year-to-Date -> 2,546.60</p>	<p>Amount of Each Receipt this Period 424.78</p>
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

424.78

TOTAL This Period (last page this line number only)

424.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Buschman's Service Center, Inc. 210 W. Broadway Monticello, IN 47960-	gasoline Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	569.63
Campbell Printing Company 123 North Van Rensselaer St. Rensselaer, IN 47378-	printing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	344.85
Kyle Hammer 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/2000	1,475.00
Kyle Hammer 200 n. main st. Monticello, IN 47960-	remib. airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	145.50
Josh Hammond 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/2000	2,429.99
Josh Hammond 200 N. Main St. Monticello, IN 47960-	remib. supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/2000	57.93
Peggy Hamstra 12028 North 200 West Wheatfield, IN 46392-	food & Decorations for F/R Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	1,000.00 IN KIND

SUBTOTAL of Disbursements This Page (optional)	6,022.90
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the Unreimbursed Summary Page

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wilbert Hamstra 12028 N 200 W Wheatfield, IN 46392-	food & Decorations for F/R Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	400.00 IN KIND
Hansen & Associates 12077 Oakwood St. Demotte, IN 46310-	printing services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	5,305.51
Insight Communications 1500 A North Main St. Monticello, IN 47960-	cable services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	39.57
Main Street Computers 224 N. Main Street P.O. Box 1003 Monticello, IN 47960-	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	194.87
Stephanie Mattix 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/2000	1,499.31
Nipsco P.O. Box 13007 Merrillville, IN 46411-	electric bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/2000	187.92
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	109.80

SUBTOTAL of Disbursements This Page (optional)

7,736.98

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 17

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	113.28
Postmaster 125 W. Broadway Monticello, IN 47960-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	126.00
PWRTC R.R. 35, P.O. Box 338 Star City, IN 46985-	Internet fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/2000	77.67
Q Graphics 108 E. Main St. P.O. Box 180 Delphi, IN 46923-	printing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	4,003.65
Q Graphics 108 E. Main St. P.O. Box 180 Delphi, IN 46923-	printing service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/13/2000	1,350.51
Doug Raderstorf 200 N. Main St. Monticello, IN 47960-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	384.78
Sandler-Innocenzi, Inc. 705 Prince Street Alexandria, VA 22314-	media advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/2000	37,010.00

SUBTOTAL of Disbursements This Page (optional)	43,066.09
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sandler-Innocenzi, Inc. 705 Prince Street Alexandria, VA 22314-	media advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/06/2000	40,015.00
Sandler-Innocenzi, Inc. 705 Prince Street Alexandria, VA 22314-	media advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	3,180.00
Lawrence Vogel 907 E. US 24 Monticello, IN 47960-	October rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	650.00
Wal-Mart Monticello, IN 47960-	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/03/2000	140.53
Wells Fargo 119 North Main Street Monticello, IN 47960-6748	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	145.32
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	44,130.85
TOTAL This Period (last page this line number only)	100,956.82

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 20a

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

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Annette Vanhouten 213 S. Weston Rensselaer, IN 47978-	NSF Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/2000	250.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 3 for
LINE NUMBER 44
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Hoosiers Supporting Buyer for Congress				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Buschman's 210 W. Broadway Monticello, IN 47960	\$569.63	\$0.	\$569.03	\$0
Nature of Debt (Purpose): gasoline				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Kyle Hammer 200 N. Main St. Monticello, IN 47960	\$1475.00	\$145.50	\$1620.50	\$0
Nature of Debt (Purpose): payroll				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Corporate Card P.O. Box 10347 Des Moines, IA 50306	\$0	\$2878.61	\$0	\$2878.61
Nature of Debt (Purpose): fundraiser expense				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Josh Hammond 200 N. Main St. Monticello, IN 47960	\$2429.99	\$57.93	\$2487.92	\$0
Nature of Debt (Purpose): payroll				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Stephanie Mattix 200 N. Main St. Monticello, IN 47960	\$1499.31	\$0	\$1499.31	\$0
Nature of Debt (Purpose): payroll				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Sandler Innocenzi 705 Prince St. Alexandria, VA 22314	\$504.00	\$80205.00	\$80709.00	\$0
Nature of Debt (Purpose): media expense				

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page in this line only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Q-Graphics P.O. Box 180 Delphi, IN 46923	\$4003.65	\$1350.51	\$5354.16	\$0
Nature of Debt (Purpose): printing expense				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Xerox Corp. P.O. Box 860501 Dallas, TX 75263	\$0	\$1242.87	\$0	\$1242.87
Nature of Debt (Purpose): copier repair				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Print Co. 116 N Cullen St. Rensselaer, IN 47978	\$0	\$1672.65	\$0	\$1672.65
Nature of Debt (Purpose): printing expense				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	\$5794.13
2) TOTALS This Period (last page in this line only)	\$5794.13
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$5794.13

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/26/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CL PREPARER	10/26/00 DATE PREPARED