

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Mike Sodrel

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

D	D
3	0

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)).....	145438.37	733762.26
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	145438.37	731512.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	75878.05	325002.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	21700.51
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	75878.05	303301.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	499914.89	
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).....	285224.42	

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
Friends of Mike Sodrel

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

D	D
3	0

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).....

66500.00

234201.72

(ii) Unitemized.....

19438.37

49644.37

(iii) TOTAL of contributions

85938.37

283846.09

from individuals..... ▶

0.00

420.72

(b) Political Party Committees.....

59500.00

448495.45

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

0.00

1000.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

145438.37

733762.26

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

21700.51

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

17500.00

54300.00

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

162938.37

809762.77

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75878.05	325002.30
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	2250.00
(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	2250.00
21. OTHER DISBURSEMENTS.....	7500.00	42899.94
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	83378.05	370152.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	420354.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	162938.37
25. SUBTOTAL (add Line 23 and Line 24).....	583292.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83378.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	499914.89

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 / 95
	<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)
Friends of Mike Sodrel

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

Mailing Address 815 Wernsing Road

City Jasper State IN Zip Code 47547

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2005

Transaction ID: SA11A1.12632

Amount of Each Receipt this Period
 2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Michael Schwenk

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Occupation
Air, LLC Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2005

Transaction ID: SA11A1.12632.0

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Zach Bawel

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Occupation
Air, LLC Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2005

Transaction ID: SA11A1.12632.1

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Brad Bawel

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Air, LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2005

Transaction ID: SA11A1.12632.2

Amount of Each Receipt this Period
 300.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Ralph Schwenk

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Air, LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2005

Transaction ID: SA11A1.12632.3

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Carl Witte, III

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Air, LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 16 / 2005

Transaction ID: SA11A1.12632.4

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Jeff Bawel

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Air, LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2005

Transaction ID: SA11A1.12632.5

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Ms Rita Uebelhor

Mailing Address P. O. Box 650

City Jasper State IN Zip Code 47546

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

Name of Employer Air, LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2005

Transaction ID: SA11A1.12632.6

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Air, LLC

Mailing Address 815 Wernsing Road

City Jasper State IN Zip Code 47547

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
09 / 16 / 2005

Transaction ID: SA11A1.12846

Amount of Each Receipt this Period
900.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mr. Douglas A. Bawel		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2005	
Mailing Address P. O. Box 621		Transaction ID: SA11A1.12846.0	
City Jasper	State IN	Amount of Each Receipt this Period 600.00	
Zip Code 46547-0621		Partner	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Jasper Engines & Transmissions		[MEMO ITEM]	
Occupation President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mr. Ray Schwenk		Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2005	
Mailing Address P. O. Box 650		Transaction ID: SA11A1.12846.1	
City Jasper	State IN	Amount of Each Receipt this Period 300.00	
Zip Code 47546		Partner	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Air, LLC		[MEMO ITEM]	
Occupation Partner			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. David Allen		Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2005	
Mailing Address 7017 Crystal Springs		Transaction ID: SA11A1.12178	
City Sellersburg	State IN	Amount of Each Receipt this Period 150.00	
Zip Code 47172		Individual Contribution	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Allen Corporation		[MEMO ITEM]	
Occupation President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

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

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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. David A. Andrews

Mailing Address 3218 Hadleigh Place

City State Zip Code
New Albany IN 47150

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

Name of Employer Progressive Land Title Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12197

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jesse Ballew

Mailing Address 1444 Horn Street

City State Zip Code
Clarksville IN 47129

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

Name of Employer Self Employed Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12289

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Denessa L. Benkie

Mailing Address 501 S. Main Street

City State Zip Code
Versailles IN 47042

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2005

Transaction ID: SA11A1.12016

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Denessa L. Benkie

Mailing Address 501 S. Main Street

City Versailles State IN Zip Code 47042

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
08 / 18 / 2005

Transaction ID: SA11A1.12411

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Charles L. Berkheimer

Mailing Address 12710 Bruno Road

City Thornville State OH Zip Code 43076

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

Name of Employer Robert McNeff, Inc. Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
08 / 10 / 2005

Transaction ID: SA11A1.12463

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms Regina Berkheimer

Mailing Address 860 Kingsview Drive

City Zanesville State OH Zip Code 43701

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

Name of Employer Robert McNeff, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
08 / 10 / 2005

Transaction ID: SA11A1.12459

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 11 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Cliff Blackburn

Mailing Address 1347 Route 19

City Elizaville State NY Zip Code 12523

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

Name of Employer Kingsway Lumber Carriers, Inc. Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2005

Transaction ID: SA11A1.12458

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms Georgia R. Bledsoe

Mailing Address 1208 Hearthstone Court

City Bloomington State IN Zip Code 47401

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2005

Transaction ID: SA11A1.12824

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Walter W. Breidenbach

Mailing Address 9010 Farmington Way

City Charlestown State IN Zip Code 47111

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

Name of Employer Breidenbach Capital Consulting Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2005

Transaction ID: SA11A1.12093

Amount of Each Receipt this Period
225.00

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

SUBTOTAL of Receipts This Page (optional) ► **1325.00**

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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Walter W. Breidenbach

Mailing Address 9010 Farmington Way

City State Zip Code
Charlestown IN 47111

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

Name of Employer Breidenbach Capital Consulting
Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12586

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Alvetta S. Bryant

Mailing Address 5707 Salem Noble Road

City State Zip Code
Charlestown IN 47111

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

Name of Employer Iris Hills Farm
Occupation Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 09 / 2005

Transaction ID: SA11A1.12747

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Brenda Byrne

Mailing Address 4371 Brush College Road

City State Zip Code
Floyds Knobs IN 47119

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

Name of Employer Self Employed
Occupation Bookkeeper

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12612

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mrs. Noreen Chowhan		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2005	
Mailing Address 5672 Scottsville Road		Transaction ID: SA11A1.12547	
City State Zip Code Floyds Knobs IN 47119-9258	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation None Homemaker	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Mr. Douglas D. Church		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2005	
Mailing Address 938 Conner Street		Transaction ID: SA11A1.12205	
City State Zip Code Noblesville IN 46060	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Self Employed Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Mrs. Anne Coates		Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2005	
Mailing Address 998 N 900 W		Transaction ID: SA11A1.12023	
City State Zip Code Lexington IN 47138-7957	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation American Plastic Molding Management	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Anne Coates

Mailing Address 998 N 900 W

City Lexington State IN Zip Code 47138-7957

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

Name of Employer American Plastic Molding Occupation Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2005

Transaction ID: SA11A1.12691

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Floyd Coates

Mailing Address 998 N. 900 W

City Lexington State IN Zip Code 47138-7957

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

Name of Employer American Plastic Molding 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
07 / 09 / 2005

Transaction ID: SA11A1.12021

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Floyd Coates

Mailing Address 998 N. 900 W

City Lexington State IN Zip Code 47138-7957

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

Name of Employer American Plastic Molding Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2005

Transaction ID: SA11A1.12692

Amount of Each Receipt this Period
1100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3200.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. R. E. Conn

Mailing Address 1516 Spring Street

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer
Conn Hearing Aid Center

Occupation
Hearing Aids

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2005

Transaction ID: SA11A1.12457

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David P. Couch

Mailing Address 5814 Salem Noble Road

City State Zip Code
Charlestown IN 47111-9633

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

Name of Employer
Self Employed

Occupation
Farmer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12610

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Marianne Coyle

Mailing Address 29 Arctic Springs

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer
None

Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2005

Transaction ID: SA11A1.12057

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Michael D. Coyle, Sr.

Mailing Address 29 Arctic Springs

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer
Coyle Chevrolet - Dodge

Occupation
Automobile Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2005

Transaction ID: SA11A1.12056

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. David L. Dorff

Mailing Address 13842 Wellesley Lane

City State Zip Code
Carmel IN 46032

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

Name of Employer
Weaver Popcorn

Occupation
Business Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2005

Transaction ID: SA11A1.12213

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Welby Edwards, Jr.

Mailing Address 11 Surrey Lane

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer
Self Employed

Occupation
State Farm Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

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

Transaction ID: SA11A1.12334

Amount of Each Receipt this Period
250.00

Individual Contribution
 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 17 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Ms Janet B. Ellingsworth

Mailing Address 1705 Nole Drive

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer Occupation
Self Employed Farm Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.12442

Amount of Each Receipt this Period
25.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Susan J. Estes

Mailing Address 5005 Hamburg Pike

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer Occupation
Estes Excavating, Inc. Secretary/Treasurer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11A1.12732

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Jill Farris

Mailing Address 39557 Village Run Drive

City State Zip Code
Northville MI 48167

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

Name of Employer Occupation
Foreman Brothers, Inc. Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2005

Transaction ID: SA11A1.12460

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	625.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Jody Fledderman

Mailing Address 177 Six Pine Ranch Road

City State Zip Code
Batesville IN 47006

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

Name of Employer
Batesville Tool & Die

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2005

Transaction ID: SA11A1.12000

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Mason Foertsch

Mailing Address P. O. Box 16

City State Zip Code
Lamar IN 47550

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

Name of Employer
Corn Island Shipyard

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2005

Transaction ID: SA11A1.12403

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Mason Foertsch

Mailing Address P. O. Box 16

City State Zip Code
Lamar IN 47550

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

Name of Employer
Corn Island Shipyard

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2005

Transaction ID: SA11A1.12780

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	650.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Richard R. Fox

Mailing Address 421 West Main Street

City State Zip Code
New Albany IN 47150

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

Name of Employer Self Employed Occupation
Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1900.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2005

Transaction ID: SA11A1.12092

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Jeri D. Goecker

Mailing Address 7841 E. County Road 50 N

City State Zip Code
Seymour IN 47274

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

Name of Employer Goecker Construction Occupation
Owner

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

Date of Receipt
MM / DD / YYYY
08 / 11 / 2005

Transaction ID: SA11A1.12358

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John R. Gohmann

Mailing Address 4036 Woodstone Drive

City State Zip Code
Floyds Knobs IN 47119

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

Name of Employer Self Employed Occupation
Business Owner

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

Date of Receipt
MM / DD / YYYY
08 / 22 / 2005

Transaction ID: SA11A1.12436

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Harold G. Goodlett, Sr.

Mailing Address 943 Monroe Street

City State Zip Code
Charlestown IN 47111

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

Name of Employer Occupation
None Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12631

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert T. Grand

Mailing Address 730 Williams Cove Drive

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Barnes & Thornburg, LLP Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2005

Transaction ID: SA11A1.12439

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Therese M. Grote

Mailing Address 81 S. Cedar Cliff Drive

City State Zip Code
Madison IN 47250

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

Name of Employer Occupation
None Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2005

Transaction ID: SA11A1.12167

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Peter J. Gunas, III

Mailing Address 2105 S. Randolph Street

City Arlington State VA Zip Code 22204

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

Name of Employer Investment Company Institute Occupation Director of Retirement Security

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
09 / 19 / 2005

Transaction ID: SA11A1.12666

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert E. Hawk

Mailing Address 18424 Oriental Oak Ct.

City Noblesville State IN Zip Code 46060

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

Name of Employer Weaver Popcorn Occupation Business Executive

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
07 / 26 / 2005

Transaction ID: SA11A1.12215

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Donald L. Hayes

Mailing Address 1563 Gregory Lane

City Jasper State IN Zip Code 47546

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

Name of Employer None 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
07 / 19 / 2005

Transaction ID: SA11A1.12170

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. John H. Hays

Mailing Address 6106 Kaskaskia Drive

City State Zip Code
Greenville IN 47124

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

Name of Employer
Able Construction Company, Inc

Occupation
Construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2005

Transaction ID: SA11A1.11969

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John A. Hillerich, III

Mailing Address P. O. Box 35700

City State Zip Code
Louisville KY 40232

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

Name of Employer
Hillerich & Bradley Company

Occupation
Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2005

Transaction ID: SA11A1.12779

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. David J. Hines

Mailing Address 3002 E. Lobo Ridge

City State Zip Code
New Albany IN 47150

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

Name of Employer
Schuler Bauer Real Estate

Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2005

Transaction ID: SA11A1.12703

Amount of Each Receipt this Period
1000.00

Individual Contribution
 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 23 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Brian Scott Hockett

Mailing Address 3420 S. Post Road

City Indianapolis State IN Zip Code 46239

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

Name of Employer Fleetmax Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 26 / 2005

Transaction ID: SA11A1.12207

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Ms Valerie Hogan

Mailing Address 802 Chamberlain

City Mill Valley State CA Zip Code 94941

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

Name of Employer Devon Publishing Group Occupation Sales Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2005

Transaction ID: SA11A1.12151

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Wayne B. Hoovestol

Mailing Address 920 Aldrin Avenue

City Eagan State MN Zip Code 55121

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

Name of Employer Hoovestol, Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 10 / 2005

Transaction ID: SA11A1.12465

Amount of Each Receipt this Period
 100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Wayne B. Hoovestol

Mailing Address 920 Aldrin Avenue

City State Zip Code
Eagan MN 55121

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

Name of Employer Occupation
Hoovestol, Inc. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4700.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2005

Transaction ID: SA11A1.12851

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Dana L. Huber

Mailing Address 19815 Huber Road

City State Zip Code
Borden IN 47106

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

Name of Employer Occupation
Huber Orchard & Winery Public Relations

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12185

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gregory A. Huber

Mailing Address 19314 Rake Road

City State Zip Code
Borden IN 47106-8311

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

Name of Employer Occupation
Huber Orchard & Winery CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12184

Amount of Each Receipt this Period
1900.00

Individual Contribution
 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 25 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Gregory A. Huber

Mailing Address 19314 Rake Road

City State Zip Code
Borden IN 47106-8311

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

Name of Employer Occupation
Huber Orchard & Winery CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12852

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Charles V. Kahl

Mailing Address 622 S. Meridian Street

City State Zip Code
Indianapolis IN 46225

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

Name of Employer Occupation
Indiana Constructors, Inc. Executive Director

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
08 / 18 / 2005

Transaction ID: SA11A1.12412

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Pam Kelley

Mailing Address 1009 Kelley's Ridge

City State Zip Code
New Albany IN 47150

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

Name of Employer Occupation
Pam Kelley Leasing Self Employed Business Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2005

Transaction ID: SA11A1.12169

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. John L. Kipp

Mailing Address P. O. Box 1926

City State Zip Code
Nashville IN 47448

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

Name of Employer None 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
07 / 13 / 2005

Transaction ID: SA11A1.12089

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Ms Patricia Koch

Mailing Address P. O. Box 36

City State Zip Code
Santa Claus IN 47579

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

Name of Employer Holiday World Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2005

Transaction ID: SA11A1.12055

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms Patricia Koch

Mailing Address P. O. Box 36

City State Zip Code
Santa Claus IN 47579

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

Name of Employer Holiday World Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2005

Transaction ID: SA11A1.12172

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 27 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Philip J. Koch

Mailing Address P. O. Box 199

City State Zip Code
Santa Claus IN 47579

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

Name of Employer
Ho Ho Holdings, LLC

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2005

Transaction ID: SA11A1.12331

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John L. Koetter

Mailing Address 6000 Moser Knob Road

City State Zip Code
Floyds Knobs IN 47119

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

Name of Employer
Koetter Construction

Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2005

Transaction ID: SA11A1.12187

Amount of Each Receipt this Period
600.00

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

C. Full Name (Last, First, Middle Initial)
Ms Mary Frances Koetter

Mailing Address 18118 Dow Knob Road

City State Zip Code
Borden IN 47106

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

Name of Employer
Koetter Woodworking

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2005

Transaction ID: SA11A1.12340

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	3600.00
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 28 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Gary L. Libs

Mailing Address 7001 Atkins Road

City State Zip Code
Floyds Knobs IN 47119

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

Name of Employer Self Employed Occupation
Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2005

Transaction ID: SA11A1.12094

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gary L. Libs

Mailing Address 7001 Atkins Road

City State Zip Code
Floyds Knobs IN 47119

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

Name of Employer Self Employed Occupation
Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2005

Transaction ID: SA11A1.12853

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Anthony S. Loudermilk

Mailing Address 607 Duncan Drive

City State Zip Code
Bloomington IN 47403

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

Name of Employer Self Employed Occupation
Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2005

Transaction ID: SA11A1.12675

Amount of Each Receipt this Period
500.00

Individual Contribution
 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 29 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mr. Carl T. Love		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address 4710 Charlestown Road		Transaction ID: SA11A1.12168
City State Zip Code New Albany IN 47150	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Love Development Corp. Owner	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Dr. Timothy Masden		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005
Mailing Address 6295 Forest Grove Drive		Transaction ID: SA11A1.12786
City State Zip Code Georgetown IN 47122	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Employed Optometrist	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Mr. Thomas R. McCart		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2005
Mailing Address 3895 Windsor Road		Transaction ID: SA11A1.12163
City State Zip Code Tell City IN 47586	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Raymar, LLC Owner	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
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 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Ms Patricia H. McClain

Mailing Address 384 E. McClain Avenue

City State Zip Code
Scottsburg IN 47170

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

Name of Employer Occupation
Senator Richard G. Lugar Aide

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2005

Transaction ID: SA11A1.12696

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 12937 Andover Drive

City State Zip Code
Carmel IN 46033

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

Name of Employer Occupation
Nextpointe Strategies Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2005

Transaction ID: SA11A1.12408

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John W. Mead

Mailing Address P. O. Box 468

City State Zip Code
Salem IN 47167

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12199

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Jerrol Z. Miles

Mailing Address 1915 Windy Creek Way

City State Zip Code
New Albany IN 47150

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

Name of Employer None 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
07 / 20 / 2005

Transaction ID: SA11A1.12177

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Mary Louise Miller

Mailing Address 16 Stone Camp Trail

City State Zip Code
Winona Lake IN 46590

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

Name of Employer None Occupation Homemaker

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
09 / 19 / 2005

Transaction ID: SA11A1.12657

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Frank H. Monroe

Mailing Address 595 Industrial

City State Zip Code
New Albany IN 47150-2246

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12587

Amount of Each Receipt this Period
60.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1210.00
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 32 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Frank H. Monroe

Mailing Address 595 Industrial

City State Zip Code
New Albany IN 47150-2246

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 445.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11A1.12745

Amount of Each Receipt this Period
35.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Leon M. Mordoh

Mailing Address 8501 Quail Hollow Road

City State Zip Code
Indianapolis IN 46260

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

Name of Employer HPS Office Systems Occupation 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
07 / 15 / 2005

Transaction ID: SA11A1.12137

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John Scott Morgan

Mailing Address 403 W. First Street

City State Zip Code
Madison IN 47250

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

Name of Employer Morgan Foods, Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: SA11A1.12338

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	2385.00
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 33 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. John Scott Morgan

Mailing Address 403 W. First Street

City Madison State IN Zip Code 47250

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

Name of Employer Morgan Foods, Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: SA11A1.12339

Amount of Each Receipt this Period
 1900.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Sarah T. Morgan

Mailing Address 403 W. First Street

City Madison State IN Zip Code 47250

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

Name of Employer Morgan Foods, Inc. Occupation Financial Analyst

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: SA11A1.12335

Amount of Each Receipt this Period
 2100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Sarah T. Morgan

Mailing Address 403 W. First Street

City Madison State IN Zip Code 47250

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

Name of Employer Morgan Foods, Inc. Occupation Financial Analyst

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

Transaction ID: SA11A1.12337

Amount of Each Receipt this Period
 1900.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5900.00
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 34 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mrs. Karrie K. Mulac		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2005	
Mailing Address 106 Plum Ridge Way		Transaction ID: SA11A1.12182	
City Sellersburg	State IN	Zip Code 47172	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Kiesler Police Supply	Occupation Executive Assistant		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. John Mullen		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2005	
Mailing Address 802 Chamberlain		Transaction ID: SA11A1.12149	
City Mill Valley	State CA	Zip Code 94941	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Promia	Occupation CEO		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mr. Glenn W. Murphy, Sr.		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2005	
Mailing Address 603 Ash Street		Transaction ID: SA11A1.12295	
City Utica	State IN	Zip Code 47130	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C		Individual Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sampan Custom Silks	Occupation Owner		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 480.00		

SUBTOTAL of Receipts This Page (optional) ▶	4080.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 35 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Glenn W. Murphy, Sr.

Mailing Address 603 Ash Street

City State Zip Code
Utica IN 47130

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

Name of Employer Sampan Custom Silks
Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1480.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12611

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John F. Noblitt

Mailing Address P. O. Box 296

City State Zip Code
Orleans IN 47452

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

Name of Employer Self Employed
Occupation Business Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2005

Transaction ID: SA11A1.12165

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 32 Arctic Springs

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer Community Bank
Occupation Vice Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2005

Transaction ID: SA11A1.12179

Amount of Each Receipt this Period
100.00

Individual Contribution
 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 36 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Allan M. Parnell

Mailing Address 10416 Dove Chase Circle

City State Zip Code
Louisville KY 40299

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

Name of Employer
Self Employed

Occupation
Trucker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2005

Transaction ID: SA11A1.12096

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Max A. Petry

Mailing Address 3405 Ashwood Drive

City State Zip Code
New Albany IN 47150

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

Name of Employer
Prudential Heating & A/C

Occupation
Buyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2005

Transaction ID: SA11A1.12201

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Max A. Petry

Mailing Address 3405 Ashwood Drive

City State Zip Code
New Albany IN 47150

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

Name of Employer
Prudential Heating & A/C

Occupation
Buyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2005

Transaction ID: SA11A1.12573

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
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 37 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Cary B. Pickens

Mailing Address 19994 Platt Road

City State Zip Code
Guilford IN 47022

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

Name of Employer Dearborn County Occupation Auditor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12194

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Valerie B. Pullen

Mailing Address 1911 Plum Hill Court

City State Zip Code
Floyds Knobs IN 47119

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 25 / 2005

Transaction ID: SA11A1.12200

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Mr. J. Patrick Rooney

Mailing Address 7440 Woodland Drive

City State Zip Code
Indianapolis IN 46278

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

Name of Employer None Occupation 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
09 / 27 / 2005

Transaction ID: SA11A1.12693

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
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 38 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Thomas W. Sander

Mailing Address 3 Island View

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer S & R Tire Center, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12609

Amount of Each Receipt this Period
900.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Thomas W. Sander

Mailing Address 3 Island View

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer S & R Tire Center, Inc. Occupation President

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
09 / 07 / 2005

Transaction ID: SA11A1.12842

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard L. Schleicher

Mailing Address 16617 Hwy. 60

City State Zip Code
Borden IN 47106

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

Name of Employer AJS Associates Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12608

Amount of Each Receipt this Period
1000.00

Individual Contribution
 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 39 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Donald M. Seabrook

Mailing Address 1119 East Market

City State Zip Code
New Albany IN 47150

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

Name of Employer Occupation
Seabrook Funeral Home Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2005

Transaction ID: SA11A1.12704

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. J. Robert Shine

Mailing Address P. O. Box 1407

City State Zip Code
New Albany IN 47151-1407

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

Name of Employer Occupation
Monroe Shine & Company CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2005

Transaction ID: SA11A1.12095

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Mr. William J. Sprigler

Mailing Address 1712 Williamsburg Drive

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer Occupation
Sprigler Development Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11A1.12731

Amount of Each Receipt this Period
1000.00

Individual Contribution
 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 40 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Debra R. Stemler

Mailing Address 1119 Eastridge Drive

City State Zip Code
New Albany IN 47150

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

Name of Employer
KM Stemler Company, Inc.

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2005

Transaction ID: SA11A1.12193

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
The Financial Group

Mailing Address 605 North Shore Drive, Suite 201

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2005

Transaction ID: SA11A1.12303

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Greg Glover

Mailing Address 8016 Shadow Creek

City State Zip Code
Crestwood KY 40014

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

Name of Employer
The Financial Group, LLC

Occupation
Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
07 / 15 / 2005

Transaction ID: SA11A1.12303.0

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 41 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

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

Mailing Address 605 North Shore Drive, Suite 201

City State Zip Code
Jeffersonville IN 47130

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

Name of Employer Occupation
The Financial Group, LLC Partner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2005

Transaction ID: SA11A1.12303.1

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Mr. John G. Treitz, Jr.

Mailing Address 322 Mockingbird Hill Road

City State Zip Code
Louisville KY 40207

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

Name of Employer Occupation
Ogden, Newell, Welch Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2005

Transaction ID: SA11A1.12130

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John G. Treitz, Sr.

Mailing Address 5210 Tomahawk Road

City State Zip Code
Louisville KY 40207-1643

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

Name of Employer Occupation
John Treitz & Sons Real Estate

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
09 / 27 / 2005

Transaction ID: SA11A1.12695

Amount of Each Receipt this Period
500.00

Individual Contribution
 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 42 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Gloria Voelz

Mailing Address 10791 W. Grandview Drive

City State Zip Code
Columbus IN 47201

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

Name of Employer: Voelz Body Shop, Inc. Occupation: Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11A1.12733

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Mr. William I. Waggoner

Mailing Address 3000 Grey Wolf Cove

City State Zip Code
New Albany IN 47150

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

Name of Employer: The Free Enterprise System Occupation: Vice President - CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: SA11A1.12176

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. William I. Waggoner

Mailing Address 3000 Grey Wolf Cove

City State Zip Code
New Albany IN 47150

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

Name of Employer: The Free Enterprise System Occupation: Vice President - CFO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2150.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 20 / 2005

Transaction ID: SA11A1.12843

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
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 43 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Dr. Gregory T. Walker

Mailing Address 1107 Benson Ct.

City Bloomington State IN Zip Code 47401

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
09 / 19 / 2005

Transaction ID: SA11A1.12673

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Steven L. Wanstrath

Mailing Address 336 Mitchell Avenue

City Batesville State IN Zip Code 47006

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

Name of Employer New Point Stone Company Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
07 / 07 / 2005

Transaction ID: SA11A1.12001

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Becky J. Weaver

Mailing Address 10671 Winterwood

City Carmel State IN Zip Code 46032

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
07 / 26 / 2005

Transaction ID: SA11A1.12209

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 44 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. William Weaver

Mailing Address 6228 Bramshaw Road

City Indianapolis State IN Zip Code 46220

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

Name of Employer Weaver Popcorn Occupation Business Executive

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
07 / 26 / 2005

Transaction ID: SA11A1.12211

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joe J. Webb

Mailing Address 9603 Lena Bower Road

City Marysville State IN Zip Code 47141

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 07 / 2005

Transaction ID: SA11A1.12630

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Ms Kathy J. Weber

Mailing Address 1710 Allentown Road

City Sellersburg State IN Zip Code 47172

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

Name of Employer Self Employed Occupation Contractor

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
09 / 09 / 2005

Transaction ID: SA11A1.12748

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Wes Porter Developers, LLC

Mailing Address 2900 Glendale Ct.

City State Zip Code
Memphis IN 47143

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
09 / 19 / 2005

Transaction ID: SA11A1.12658

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Wesley G. Porter

Mailing Address 2900 Glendale Ct.

City State Zip Code
Memphis IN 47143

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

Name of Employer Occupation
Wes Porter Developers, LLC Partner

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
09 / 19 / 2005

Transaction ID: SA11A1.12658.0

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Phyllis J. Porter

Mailing Address 2900 Glendale Ct.

City State Zip Code
Memphis IN 47143

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

Name of Employer Occupation
Wes Porter Developers, LLC Partner

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
09 / 19 / 2005

Transaction ID: SA11A1.12658.1

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
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 46 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mr. Earl W. Williams

Mailing Address 6666 E. 75th Street

City Indianapolis State IN Zip Code 46250

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

Name of Employer Williams Townsend Associates
Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2005

Transaction ID: SA11A1.12466

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Earl W. Williams

Mailing Address 6666 E. 75th Street

City Indianapolis State IN Zip Code 46250

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

Name of Employer Williams Townsend Associates
Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2005

Transaction ID: SA11A1.12820

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Earl W. Williams

Mailing Address 6666 E. 75th Street

City Indianapolis State IN Zip Code 46250

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

Name of Employer Williams Townsend Associates
Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2005

Transaction ID: SA11A1.12730

Amount of Each Receipt this Period
1700.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1900.00
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 47 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Mrs. Vickie Williams

Mailing Address 6666 E. 75th Street

City Indianapolis State IN Zip Code 46250

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2005

Transaction ID: SA11A1.12189

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ms Susanne Winslow

Mailing Address 6990 E. Bender Road

City Bloomington State IN Zip Code 47401-9279

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

Name of Employer None Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2005

Transaction ID: SA11A1.12088

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Wallace H. Worley

Mailing Address 1930 Utica Pike

City Jeffersonville State IN Zip Code 47130

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

Name of Employer Worley Lumber Company Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2005

Transaction ID: SA11A1.12192

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	6650.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 95
	(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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. ACCENTURE PAC		Date of Receipt
Mailing Address 800 Connecticut Ave NW, Suite 600		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2005"/>
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.12085
<input type="text" value="C"/> <input type="text" value="C00300707"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	PAC Contribution
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)		Date of Receipt
Mailing Address 412 First Street, SE Suite 12		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2005"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.12653
<input type="text" value="C"/> <input type="text" value="C00173153"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	PAC Contribution
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. American Bankers Association PAC		Date of Receipt
Mailing Address 1120 Connecticut Avenue NW		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2005"/>
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.12656
<input type="text" value="C"/> <input type="text" value="C00004275"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	PAC Contribution
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006	Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	<input type="text" value="8000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 49 / 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)
A. AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 101 NORTH THIRD STREET

City State Zip Code
MOORHEAD MN 56560

FEC ID number of contributing federal political committee. **C C00110338**

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	7	/	1	8	/	2	0	0	5

Transaction ID: SA11C.12153

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN DENTAL POLITICAL ACTION CMTE.

Mailing Address 1111 14th Street 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 ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	5

Transaction ID: SA11C.12367

Amount of Each Receipt this Period
5000.00

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

Full Name (Last, First, Middle Initial)
C. BACHUS FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 59444

City State Zip Code
Birmingham AL 35259

FEC ID number of contributing federal political committee. **C C00260547**

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	8	/	0	8	/	2	0	0	5

Transaction ID: SA11C.12344

Amount of Each Receipt this Period
1000.00

Campaign Committee Contribution
 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: (check only one)	PAGE 50 / 95
	<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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. BACK AMERICA'S CONSERVATIVES PAC (BAC PAC)		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005
Mailing Address 1251 DARTMOUTH COURT		Transaction ID: SA11C.12798
City State Zip Code ALEXANDRIA VA 22314	FEC ID number of contributing federal political committee. C C00377028	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. BAXTER HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE - BAXPAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2005
Mailing Address 800 Conn. Ave NW Suite 1100		Transaction ID: SA11C.12231
City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. C C00117838	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 600B		Transaction ID: SA11C.12568
City State Zip Code Washington DC 20004	FEC ID number of contributing federal political committee. C C00007880	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Election Cycle-to-Date ▼ 6500.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
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 51 / 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue NW
 South Building Suite 600B
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2005
Transaction ID: SA11C.12806
 Amount of Each Receipt this Period
 1000.00
PAC Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 EAST LAS COLINAS
 SUITE 1300
 City IRVING State TX Zip Code 75039
 FEC ID number of contributing federal political committee. **C** C00121368
 Name of Employer Occupation
 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
 09 / 30 / 2005
Transaction ID: SA11C.12796
 Amount of Each Receipt this Period
 2000.00
PAC Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. FRESHMEN PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 25121
 City Washington State DC Zip Code 20027
 FEC ID number of contributing federal political committee. **C** C00383901
 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
 08 / 08 / 2005
Transaction ID: SA11C.12342
 Amount of Each Receipt this Period
 2500.00
PAC Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5500.00
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 52 / 95
	<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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. FRIENDS OF JACK KINGSTON		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2005
Mailing Address PO Box 2133		Transaction ID: SA11C.12330
City Savannah State GA Zip Code 31402	FEC ID number of contributing federal political committee. C C00261958	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2005
Mailing Address 1299 Pennsylvania Ave NW STE 1100		Transaction ID: SA11C.12686
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. C C00024869	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. GROWTH AND PROSPERITY POLITICAL ACTION COMMITTEE (GAPPAC)		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2005
Mailing Address 1155 21ST STREET NW SUITE 300		Transaction ID: SA11C.12343
City WASHINGTON State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00388793	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 6500.00		

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 53 / 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

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

Mailing Address 1111 19th Street NW, Suite 800

City State Zip Code
Washington DC 20036-3603

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	5

Transaction ID: SA11C.12808

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
HEALTH SAVINGS ACCOUNTS POLITICAL ACTION COMMITTEE INC

Mailing Address 1747 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00402743

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	9	/	1	9	/	2	0	0	5

Transaction ID: SA11C.12664

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address 1155 21st Street NW
Suite 300

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00376038

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	7	/	0	7	/	2	0	0	5

Transaction ID: SA11C.11939

Amount of Each Receipt this Period
1000.00

PAC Contribution
 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 54 / 95
	<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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
HELP AMERICA'S LEADERS POLITICAL ACTION COMMITTEE (HALPAC)

Mailing Address 1155 21st Street NW
Suite 300

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: SA11C.12794

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
HILLENBRAND INDUSTRIES PAC (HI PAC)

Mailing Address 700 State Route 46 East

City State Zip Code
Batesville IN 47006

FEC ID number of contributing federal political committee. **C** C00363804

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2005

Transaction ID: SA11C.11940

Amount of Each Receipt this Period
3000.00

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

C. Full Name (Last, First, Middle Initial)
HUMANA INC. POLITICAL ACTION COMMITTEE

Mailing Address 1776 Eye Steet NW
Suite 890

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: SA11C.12812

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	7500.00
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 55 / 95
	(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)
Friends of Mike Sodrel

A. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address One Thomas Circle NW
Suite 400

City Washington State DC Zip Code 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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2005

Transaction ID: SA11C.12315

Amount of Each Receipt this Period
1000.00

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

B. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address One Thomas Circle NW
Suite 400

City Washington State DC Zip Code 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 ▼
2500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2005

Transaction ID: SA11C.12811

Amount of Each Receipt this Period
500.00

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

C. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Full Name (Last, First, Middle Initial)
Mailing Address 655 15th Street NW Suite 445

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2005

Transaction ID: SA11C.12814

Amount of Each Receipt this Period
1000.00

PAC Contribution
 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 56 / 95
	(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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
MWH AMERICAS INC. EMPLOYEE PAC

Mailing Address 301 North Lake Avenue
Suite 600

City Pasadena State CA Zip Code 91101

FEC ID number of contributing federal political committee. **C** C00242370

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
09 / 30 / 2005

Transaction ID: SA11C.12802

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE (NAFCU)

Mailing Address 3138 N 10TH ST

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00040659

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
09 / 30 / 2005

Transaction ID: SA11C.12799

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 2000 NORTH 14TH STREET SUITE 450

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

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
07 / 27 / 2005

Transaction ID: SA11C.12233

Amount of Each Receipt this Period
1000.00

PAC Contribution
 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 57 / 95
	<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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: SA11C.12807

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: SA11C.12790

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOFPAC)

Mailing Address 10225 W. Higgins Road #600

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00244863

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
09 / 30 / 2005

Transaction ID: SA11C.12804

Amount of Each Receipt this Period
1000.00

PAC Contribution
 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 58 / 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
NATIONAL STAR ROUTE MAIL CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 324 East Capitol Street NE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00163311

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2005

Transaction ID: SA11C.12813

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
NRA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5950.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2005

Transaction ID: SA11C.12671

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NRA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6950.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2005

Transaction ID: SA11C.12688

Amount of Each Receipt this Period
1000.00

PAC Contribution
 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 59 / 95
	<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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS		Date of Receipt
Mailing Address 317 MASSACHUSETTS AVENUE NE		M M / D D / Y Y Y Y Y 09 / 30 / 2005
City	State	Zip Code
WASHINGTON	DC	20002
FEC ID number of contributing federal political committee. C C00343137		Transaction ID: SA11C.12809
Name of Employer		Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
		Amount of Each Receipt this Period 1000.00
		PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. PROMOTING REPUBLICANS YOU CAN ELECT PROJECT (PRYCE PROJECT)		Date of Receipt
Mailing Address 1155 21ST STREET NW SUITE 300		M M / D D / Y Y Y Y Y 09 / 30 / 2005
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee. C C00330068		Transaction ID: SA11C.12784
Name of Employer		Occupation
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
		Amount of Each Receipt this Period 2500.00
		PAC Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. SBC COMMUNICATIONS INC. EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE (SBC EMP)		Date of Receipt
Mailing Address 175 E. Houston 7-A-50		M M / D D / Y Y Y Y Y 07 / 27 / 2005
City	State	Zip Code
San Antonio	TX	78205
FEC ID number of contributing federal political committee. C C00109017		Transaction ID: SA11C.12234
Name of Employer		Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
		Amount of Each Receipt this Period 1000.00
		PAC Contribution <input type="checkbox"/> 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)	▶	

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 60 / 95
	<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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. SERVICEMASTER GOOD GOVERNMENT FUND		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2005
Mailing Address 3250 LACEY ROAD SUITE 600		Transaction ID: SA11C.12190
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C C00331363		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	PAC Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005
Mailing Address 600 13th St. NW Suite 340		Transaction ID: SA11C.12801
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C C00010470		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	PAC Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: SA11C.12689
City Atlanta	State GA	Zip Code 30328
FEC ID number of contributing federal political committee. C C00064766		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	PAC Contribution
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	<input type="checkbox"/> 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)	▶	59500.00

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 61 / 95
	<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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPORTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 Chancery Station Circle

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2005

Transaction ID: SA15.12148

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
Indiana Republican State Central Committee

Mailing Address 47 S. Meridian Street, Suite 200

City Indianapolis State IN Zip Code 46204

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2005

Transaction ID: SA15.12859

Amount of Each Receipt this Period
 5000.00

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

C. Full Name (Last, First, Middle Initial)
KEEP OUR MAJORITY PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

FEC ID number of contributing federal political committee. **C** C00307405

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) Other

Election Cycle-to-Date 15000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 28 / 2005

Transaction ID: SA15.12702

Amount of Each Receipt this Period
 5000.00

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

SUBTOTAL of Receipts This Page (optional)	12500.00
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 62 / 95	
	(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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
PROSPERITY HELPS INSPIRE LIBERTY POLITICAL ACTION COMMITTEE (PHILPAC)

Mailing Address PO BOX 26366

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00375246

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼
 Other

Election Cycle-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2005

Transaction ID: SA15.12147

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	17500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB17.12287 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2005
Mailing Address P O Box 360002		Amount of Each Disbursement this Period 24.27
City Ft Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement Credit Card Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" 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

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.12564 Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2005
Mailing Address P O Box 360002		Amount of Each Disbursement this Period 16.30
City Ft Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement Credit Card Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" 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

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.12507 Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2005
Mailing Address P O Box 360002		Amount of Each Disbursement this Period 25.67
City Ft Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement Internet & Service Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" 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

SUBTOTAL of Disbursements This Page (optional) ▶	66.24
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB17.12507.1 Date of Disbursement 08 / 05 / 2005	
Mailing Address P O Box 360002		Amount of Each Disbursement this Period 1.77	
City Ft Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement Service Charges 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.12816 Date of Disbursement 09 / 06 / 2005	
Mailing Address P O Box 360002		Amount of Each Disbursement this Period 4.50	
City Ft Lauderdale State FL Zip Code 33336-0002	Purpose of Disbursement Credit Card Charges 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bellwether Consulting Group		Transaction ID: SB17.12537 Date of Disbursement 08 / 23 / 2005	
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 219.06	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Consultant - Catering 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	223.56
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Budget Printing Centers, Inc.		Transaction ID: SB17.12266 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5	
Mailing Address 902 E. 10th Street		Amount of Each Disbursement this Period 810.48	
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Printing	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Mr. David Buskill		Transaction ID: SB17.12251 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5	
Mailing Address 1010 Gutford Road		Amount of Each Disbursement this Period 365.60	
City Clarksville State IN Zip Code 47129	Purpose of Disbursement Mileage, Parade Candy, Postage	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Mr. David Buskill		Transaction ID: SB17.12256 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 5	
Mailing Address 1010 Gutford Road		Amount of Each Disbursement this Period 6000.00	
City Clarksville State IN Zip Code 47129	Purpose of Disbursement Consulting Service - Fund Raising	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	7176.08
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mr. David Buskill		Transaction ID: SB17.12514 Date of Disbursement 08 / 10 / 2005
Mailing Address 1010 Gutford Road		Amount of Each Disbursement this Period 6000.00
City Clarksville State IN Zip Code 47129	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Service - Fund Raising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. David Buskill		Transaction ID: SB17.12777 Date of Disbursement 09 / 09 / 2005
Mailing Address 1010 Gutford Road		Amount of Each Disbursement this Period 6000.00
City Clarksville State IN Zip Code 47129	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting Service - Fund Raising		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cinergy PSI		Transaction ID: SB17.12284 Date of Disbursement 07 / 29 / 2005
Mailing Address 1212 Eastern Blvd.		Amount of Each Disbursement this Period 191.78
City Clarksville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12191.78
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Cinergy PSI		Transaction ID: SB17.12520 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 1212 Eastern Blvd.		Amount of Each Disbursement this Period 179.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarksville State IN Zip Code 47130		
Purpose of Disbursement Utility Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cinergy PSI		Transaction ID: SB17.12766 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 1212 Eastern Blvd.		Amount of Each Disbursement this Period 188.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarksville State IN Zip Code 47130		
Purpose of Disbursement Utility Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Community Bank of Southern Indiana		Transaction ID: SB17.12257 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 5
Mailing Address 201 West Court Avenue		Amount of Each Disbursement this Period 553.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130		
Purpose of Disbursement Payroll Tax Deposit Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	921.58
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Community Bank of Southern Indiana		Transaction ID: SB17.12288 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 201 West Court Avenue		Amount of Each Disbursement this Period 47.19
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Community Bank of Southern Indiana		Transaction ID: SB17.12565 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 201 West Court Avenue		Amount of Each Disbursement this Period 45.46
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card & Bank Chgs.	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Community Bank of Southern Indiana		Transaction ID: SB17.12511 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address 201 West Court Avenue		Amount of Each Disbursement this Period 553.56
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Tax Deposit	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	646.21
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Community Bank of Southern Indiana		Transaction ID: SB17.12815 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address 201 West Court Avenue		Amount of Each Disbursement this Period 84.24
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Community Bank of Southern Indiana		Transaction ID: SB17.12755 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address 201 West Court Avenue		Amount of Each Disbursement this Period 553.56
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Tax Deposit	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Fifth Third Bank		Transaction ID: SB17.12286 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address P. O. Box 740789		Amount of Each Disbursement this Period 2175.90
City Cincinnati State OH Zip Code 45274-0789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare & Lodging	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2813.70
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Transaction ID: SB17.12523 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address P. O. Box 740789		Amount of Each Disbursement this Period 1429.88
City Cincinnati State OH Zip Code 45274-0789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare, Lodging, Postage, Finance Chg Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Embassy Suites - Alexandria		Transaction ID: SB17.12523.0 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address 1900 Diagonal Road		Amount of Each Disbursement this Period 300.00
City Alexandria State VA Zip Code 22313	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Airways		Transaction ID: SB17.12523.1 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address c/o American Express Box 360002		Amount of Each Disbursement this Period 502.70
City Ft. Lauderdale State FL Zip Code 33336-0002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Airfare Candidate Name		Category/Type [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1429.88
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Fifth Third Bank		Transaction ID: SB17.12523.2 Date of Disbursement 08 / 19 / 2005
Mailing Address P. O. Box 740789		Amount of Each Disbursement this Period 35.00
City Cincinnati State OH Zip Code 45274-0789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Service Charge Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Constant Contact/Roving		Transaction ID: SB17.12523.3 Date of Disbursement 08 / 19 / 2005
Mailing Address c/o Fifth Third Bank P. O. Box 740789		Amount of Each Disbursement this Period 306.00
City Cincinnati State OH Zip Code 45274-0789	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mailings Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: SB17.12523.4 Date of Disbursement 08 / 19 / 2005
Mailing Address Court Avenue		Amount of Each Disbursement this Period 203.50
City Jeffersonville State IN Zip Code 47130	<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	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" 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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Hillcrest Golf & Country Club		Transaction ID: SB17.12263 Date of Disbursement 07 / 15 / 2005	
Mailing Address P. O. Box 298		Amount of Each Disbursement this Period 774.38	
City Batesville State IN Zip Code 47006	Purpose of Disbursement Catering	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Huber's Plantation Hall		Transaction ID: SB17.12764 Date of Disbursement 09 / 14 / 2005	
Mailing Address 19816 Huber Road		Amount of Each Disbursement this Period 4240.66	
City Borden State IN Zip Code 47106	Purpose of Disbursement Catering	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Huckaby Davis & Associates		Transaction ID: SB17.12517 Date of Disbursement 08 / 10 / 2005	
Mailing Address 228 S Washington Street, Suite 200		Amount of Each Disbursement this Period 505.69	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Consultant Service for FEC Compliance	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	5520.73
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Indiana Department of Revenue		Transaction ID: SB17.12258 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 5
Mailing Address P. O. Box 7221		Amount of Each Disbursement this Period 103.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46207-7221	Purpose of Disbursement Withholding Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Indiana Department of Revenue		Transaction ID: SB17.12512 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5
Mailing Address P. O. Box 7221		Amount of Each Disbursement this Period 103.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46207-7221	Purpose of Disbursement Withholding Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Indiana Department of Revenue		Transaction ID: SB17.12756 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address P. O. Box 7221		Amount of Each Disbursement this Period 103.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46207-7221	Purpose of Disbursement Withholding Taxes Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	310.02
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Indiana Department of Workforce Development		Transaction ID: SB17.12273 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 5
Mailing Address 10 North Senate Avenue		Amount of Each Disbursement this Period 72.01 <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 State Unemployment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Insight Communication		Transaction ID: SB17.12285 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address P. O. Box 740273		Amount of Each Disbursement this Period 180.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-0273	Purpose of Disbursement Internet Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Insight Communication		Transaction ID: SB17.12531 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address P. O. Box 740273		Amount of Each Disbursement this Period 180.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-0273	Purpose of Disbursement Internet Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	433.29
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Insight Communication		Transaction ID: SB17.12767 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address P. O. Box 740273		Amount of Each Disbursement this Period 182.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45274-0273		
Purpose of Disbursement Internet Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. J. R. Aviation, Inc.		Transaction ID: SB17.12529 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address 7000 Airport Drive, Suite 204		Amount of Each Disbursement this Period 1290.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sellersburg State IN Zip Code 47172		
Purpose of Disbursement Airfare Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kaiser Wholesale, Inc.		Transaction ID: SB17.12279 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 5
Mailing Address P. O. Box 1115		Amount of Each Disbursement this Period 178.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150		
Purpose of Disbursement Parade Candy Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1650.22
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Kaiser Wholesale, Inc.		Transaction ID: SB17.12535 Date of Disbursement 08 / 23 / 2005
Mailing Address P. O. Box 1115		Amount of Each Disbursement this Period 89.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150	Purpose of Disbursement Parade Candy Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kaiser Wholesale, Inc.		Transaction ID: SB17.12758 Date of Disbursement 09 / 08 / 2005
Mailing Address P. O. Box 1115		Amount of Each Disbursement this Period 89.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150	Purpose of Disbursement Parade Candy Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kaiser Wholesale, Inc.		Transaction ID: SB17.12761 Date of Disbursement 09 / 14 / 2005
Mailing Address P. O. Box 1115		Amount of Each Disbursement this Period 178.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150	Purpose of Disbursement Parade Candy Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	356.16
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Kaiser Wholesale, Inc.		Transaction ID: SB17.12774 Date of Disbursement 09 / 27 / 2005
Mailing Address P. O. Box 1115		Amount of Each Disbursement this Period 89.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150	Purpose of Disbursement Parade Candy Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. L & D Mail Masters		Transaction ID: SB17.12252 Date of Disbursement 07 / 01 / 2005
Mailing Address 110 Security Parkway		Amount of Each Disbursement this Period 375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150	Purpose of Disbursement Mailings Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. L & D Mail Masters		Transaction ID: SB17.12760 Date of Disbursement 09 / 09 / 2005
Mailing Address 110 Security Parkway		Amount of Each Disbursement this Period 265.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Albany State IN Zip Code 47150	Purpose of Disbursement Mailings Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	729.94
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. L & D Mail Masters		Transaction ID: SB17.12817 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 110 Security Parkway		Amount of Each Disbursement this Period 167.05
City New Albany State IN Zip Code 47150	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mailings Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Larry Gardner Photography		Transaction ID: SB17.12522 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 5
Mailing Address 4016 Lanam Ridge Road		Amount of Each Disbursement this Period 713.70
City Nashville State IN Zip Code 47448	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photography Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Laser Images, Inc.		Transaction ID: SB17.12540 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address P. O. Box 32396		Amount of Each Disbursement this Period 352.12
City Louisville State KY Zip Code 40232	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printer Maintenance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1232.87
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. McCauley, Nicolas & Company, LLC		Transaction ID: SB17.12274 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 5
Mailing Address 702 North Shore Drive, Suite 500		Amount of Each Disbursement this Period 706.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Accounting Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCauley, Nicolas & Company, LLC		Transaction ID: SB17.12513 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 5
Mailing Address 702 North Shore Drive, Suite 500		Amount of Each Disbursement this Period 1196.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Accounting Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McCauley, Nicolas & Company, LLC		Transaction ID: SB17.12757 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address 702 North Shore Drive, Suite 500		Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Accounting Service Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2293.20
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mr. Cesar D. Morales		Transaction ID: SB17.12261 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 112.00
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Cesar D. Morales		Transaction ID: SB17.12271 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 837.75
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Compensation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Cesar D. Morales		Transaction ID: SB17.12278 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 837.75
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Compensation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1787.50
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mr. Cesar D. Morales		Transaction ID: SB17.12519 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 70.00
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Mileage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Cesar D. Morales		Transaction ID: SB17.12518 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 837.75
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Compensation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Cesar D. Morales		Transaction ID: SB17.12538 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 837.75
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Compensation Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1745.50
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)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Mr. Cesar D. Morales		Transaction ID: SB17.12778 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 837.75
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Compensation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Cesar D. Morales		Transaction ID: SB17.12775 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
Mailing Address 4207 Miners Way		Amount of Each Disbursement this Period 837.75
City Sellersburg State IN Zip Code 47172	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employee Compensation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Federation of Republican Women		Transaction ID: SB17.12500 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 5836 Rockburn Woods Way		Amount of Each Disbursement this Period 525.00
City Elkridge State MD Zip Code 21075	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Convention Registration	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2200.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Nextel Partners		Transaction ID: SB17.12533 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address P. O. Box 4192		Amount of Each Disbursement this Period 1388.07
City Carol Stream State IL Zip Code 60197-4192	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phones Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nextel Partners		Transaction ID: SB17.12763 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address P. O. Box 4192		Amount of Each Disbursement this Period 54.59
City Carol Stream State IL Zip Code 60197-4192	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phones Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Nextel Partners		Transaction ID: SB17.12772 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address P. O. Box 4192		Amount of Each Disbursement this Period 116.17
City Carol Stream State IL Zip Code 60197-4192	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phones Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1558.83
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address Court Avenue City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12260 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Sampan Custom Silk Screen Full Name (Last, First, Middle Initial) Mailing Address 202 Ash Street City Utica State IN Zip Code 47130 Purpose of Disbursement T-Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12267 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 322.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Sampan Custom Silk Screen Full Name (Last, First, Middle Initial) Mailing Address 202 Ash Street City Utica State IN Zip Code 47130 Purpose of Disbursement T-Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12521 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 227.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	849.88
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. SBC Full Name (Last, First, Middle Initial) Mailing Address Bill Payment Center City Chicago State IL Zip Code 60663-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12269 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 280.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. SBC Full Name (Last, First, Middle Initial) Mailing Address Bill Payment Center City Chicago State IL Zip Code 60663-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12275 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 5 Amount of Each Disbursement this Period 287.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. SBC Full Name (Last, First, Middle Initial) Mailing Address Bill Payment Center City Chicago State IL Zip Code 60663-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12539 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 5 Amount of Each Disbursement this Period 363.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	931.49
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. SBC Full Name (Last, First, Middle Initial) Mailing Address Bill Payment Center City Chicago State IL Zip Code 60663-0001 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12773 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5 Amount of Each Disbursement this Period 282.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. SCM Associates, Inc. Full Name (Last, First, Middle Initial) Mailing Address 10 Main Street City Jaffrey State NH Zip Code 03452-0720 Purpose of Disbursement Direct Mailers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12276 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 5 Amount of Each Disbursement this Period 9152.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. SCM Associates, Inc. Full Name (Last, First, Middle Initial) Mailing Address 10 Main Street City Jaffrey State NH Zip Code 03452-0720 Purpose of Disbursement Direct Mailers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.12534 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5 Amount of Each Disbursement this Period 3035.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	12470.64
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Sodrel Truck Lines, Inc.		Transaction ID: SB17.12532 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 5
Mailing Address One Sodrel Drive		Amount of Each Disbursement this Period 291.89
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sodrel Truck Lines, Inc.		Transaction ID: SB17.12770 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address One Sodrel Drive		Amount of Each Disbursement this Period 152.02
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cell Phone Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. The Free Enterprise System		Transaction ID: SB17.12259 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 5
Mailing Address One Sodrel Drive		Amount of Each Disbursement this Period 602.00
City Jeffersonville State IN Zip Code 47130	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bus Charter Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1045.91
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. The Free Enterprise System		Transaction ID: SB17.12567 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address One Sodrel Drive		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 Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Bus Charter Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. The Free Enterprise System		Transaction ID: SB17.12769 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address One Sodrel Drive		Amount of Each Disbursement this Period 270.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Bus Charter Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. The Office Supply Company, Inc.		Transaction ID: SB17.12265 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 417 Spring Street		Amount of Each Disbursement this Period 41.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	811.24
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)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. The Office Supply Company, Inc.		Transaction ID: SB17.12504 Date of Disbursement
Mailing Address 417 Spring Street		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Office Supplies	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="19.56"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. The Office Supply Company, Inc.		Transaction ID: SB17.12536 Date of Disbursement
Mailing Address 417 Spring Street		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2005"/>
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Office Supplies	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="50.77"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. The Office Supply Company, Inc.		Transaction ID: SB17.12762 Date of Disbursement
Mailing Address 417 Spring Street		<input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2005"/>
City Jeffersonville	State IN	Zip Code 47130
Purpose of Disbursement Office Supplies	<input type="text" value=""/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="31.75"/> <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="102.08"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. The Townsend Group		Transaction ID: SB17.12528 Date of Disbursement 08 / 19 / 2005
Mailing Address 429 North Saint Asaph		Amount of Each Disbursement this Period 3234.67
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 Consulting Service - PAC Fund Raising	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Townsend Group		Transaction ID: SB17.12759 Date of Disbursement 09 / 08 / 2005
Mailing Address 429 North Saint Asaph		Amount of Each Disbursement this Period 9244.86
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 Consulting Service - PAC Fund Raising	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Vectren Energy Delivery		Transaction ID: SB17.12268 Date of Disbursement 07 / 15 / 2005
Mailing Address P. O. Box 6248		Amount of Each Disbursement this Period 20.56
City Indianapolis State IN Zip Code 46206-6248	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utility	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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12500.09
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Vectren Energy Delivery		Transaction ID: SB17.12503 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address P. O. Box 6248		Amount of Each Disbursement this Period 20.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46206-6248	Purpose of Disbursement Utility Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vectren Energy Delivery		Transaction ID: SB17.12541 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address P. O. Box 6248		Amount of Each Disbursement this Period 19.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46206-6248	Purpose of Disbursement Utility Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wall Street U.M.C., Inc.		Transaction ID: SB17.12272 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address 201 East Market Street		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 Jeffersonville State IN Zip Code 47130	Purpose of Disbursement Rent Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	539.89
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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Wall Street U.M.C., Inc.

Mailing Address 201 East Market Street

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Wall Street U.M.C., Inc.

Mailing Address 201 East Market Street

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement Rent

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.12776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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)

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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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Bopp, Coleson & Bostrom

Mailing Address 1 South Sixth Street

City Terre Haute State IN Zip Code 47807-3510

Purpose of Disbursement
Recount - Attorney Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼
Other

Transaction ID: SB21.12855

Date of Disbursement

^M 0	^M 7	/	^D 2	^D 2	/	^Y 2	^Y 0	^Y 0	^Y 5
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

Amount of Each Disbursement this Period

7500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

7500.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 94 / 95
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Transaction ID: SC/10.8780

LOAN SOURCE Full Name (Last, First, Middle Initial) Michael E. Sodrel	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3008 E. Lobo Ridge	
City New Albany, State IN ZIP Code 47150	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 13 Y Y Y Y 2004	12/31/2006	0.0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	250000.00
TOTALS This Period (last page in this line only)	250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bopp, Coleson & Bostrom	Nature of Debt (Purpose): Recount - Legal Fees
Mailing Address 1 South Sixth Street	
City State ZIP Code Terre Haute IN 47807-3510	

Outstanding Balance Beginning This Period 38427.05	Transaction ID: SD10.10313	
Amount Incurred This Period 0.00	Payment This Period 7500.00	Outstanding Balance at Close of This Period 30927.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Townsend Group	Nature of Debt (Purpose): Consulting Service - PAC Fund Raising
Mailing Address 429 North Saint Asaph	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10.12857	
Amount Incurred This Period 4297.37	Payment This Period 0.00	Outstanding Balance at Close of This Period 4297.37

1) SUBTOTALS This Period This Page (optional).....	35224.42
2) TOTALS This Period (last page this line number only).....	35224.42
3) TOTALS 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)	