

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

SOUDER FOR CONGRESS, INC.

ADDRESS (number and street)

P.O. BOX 40233

Check if different than previously reported. (ACC)

FORT WAYNE

IN

46804

2. **FEC IDENTIFICATION NUMBER**

C00285189

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

IN 3

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 01 01 2003 through 03 31 2003

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

Type or Print Name of Treasurer JEFFREY L. TURNER

Signature of Treasurer Electronically Filed by JEFFREY L. TURNER Date 04 14 2003

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

Office Use Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

**Write or Type Committee Name**

SOUDER FOR CONGRESS, INC.

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
0 1 0 1 2 0 0 3 0 3 3 1 2 0 0 3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	19084.00	23964.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19084.00	23964.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	6684.14	20171.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6684.14	20171.11
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	17342.81	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
 SOUDER FOR CONGRESS, INC.

Report Covering the Period: From: <sup>M M</sup> 0 1 <sup>D J</sup> 0 1 <sup>Y</sup> 2 0 0 3 To: <sup>V V</sup> 0 3 <sup>U J</sup> 3 1 <sup>Y</sup> 2 0 0 3

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6900.00	
(ii) Unitemized.....	4084.00	
(iii) TOTAL of contributions	10984.00	14864.00
from individuals..... ▶		
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	8100.00	9100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	19084.00	23964.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	19084.00	23964.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6684.14	20171.11
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	<b>6684.14</b>	<b>20171.11</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4942.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	19084.00
25. SUBTOTAL (add Line 23 and Line 24).....	24026.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6684.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17342.81

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 21	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. John Alexander		Date of Receipt M / D / Y 01 / 14 / 2003
Mailing Address 4808 Crystal Ridge Cave		Transaction ID: 0124200324C8770
City Fort Wayne	State IN	Zip Code 46835-8851
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Sealants, Inc.	Occupation C.E.O.	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William Burton		Date of Receipt M / D / Y 03 / 14 / 2003
Mailing Address 2116 Caravelle Dr.		Transaction ID: 0331200324C8775
City Fort Wayne	State IN	Zip Code 46814-9171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Glen Cook		Date of Receipt M / D / Y 02 / 27 / 2003
Mailing Address P.O. Box 5197		Transaction ID: 0331200324C8782
City Kendallville	State IN	Zip Code 46755-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2700.00</b>
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 / 21	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. John Crawford		Date of Receipt M / D / Y 03 / 14 / 2003
Mailing Address 2805 Chichester Lane		Transaction ID: 0331200324C8773
City Fort Wayne	State IN	Zip Code 46815-8548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer FW Radiology	Occupation Physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Stephen Hatch		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 141D Sevan Lake Ct.		Transaction ID: 0331200324C8838
City Fort Wayne	State IN	Zip Code 46825-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Pain Management Associates	Occupation Physician	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Irving for Commisear		Date of Receipt M / D / Y 02 / 27 / 2003
Mailing Address 11724 Woodstream Ridge Ct		Transaction ID: 0331200324C8784
City Fort Wayne	State IN	Zip Code 46845-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Allen County	Occupation County Commissioner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

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: PAGE 7 / 21	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) <b>A. Marna Johnson</b>		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address 914 E. Gump Road		Transaction ID: 0331200324C8795
City Fort Wayne	State IN	Zip Code 46845-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Leisure Lawn	Occupation Co-Owner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Kelley</b>		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 833 Avenue of Autos		Transaction ID: 0331200324C8839
City Fort Wayne	State IN	Zip Code 46804-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Kelley Chevrolet	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. H Stewart Van Scoyoc</b>		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 131 Yarnick Rd.		Transaction ID: 0331200324C8847
City Great Falls	State VA	Zip Code 22068-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Van Scoyoc Associates, In-c.	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3300.00</b>
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 8 / 21	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) <b>A. James Winebrenner</b>		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address PD Box B484		Transaction ID: 0331200324C8798
City Fort Wayne	State IN	Zip Code 46808-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer The Schust Co.	Occupation Contractor	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. Mama Jo Woman</b>		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 9735 Gerig Road		Transaction ID: 0331200324C8814
City Leo	State IN	Zip Code 46765-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Music Teacher	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	400.00
TOTAL This Period (last page this line number only) .....	▶	6900.00



**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 9 / 21	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Allen County Right to Life PAC		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 3408 Conestoga Dr.		Transaction ID: 0331200325C8854
City Fort Wayne	State IN	Zip Code 46808-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Allen County Right to Life	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼	100.00

Full Name (Last, First, Middle Initial) B. Central Soys PAC		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 1300 Fort Wayne Natl Bank Bld		Transaction ID: 0331200324C8848
City Fort Wayne	State IN	Zip Code 46802-
FEC ID number of contributing federal political committee. <b>C</b> CD0012888		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼	1000.00

Full Name (Last, First, Middle Initial) C. Eli Lilly and Co., PAC		Date of Receipt M / D / Y 03 / 22 / 2003
Mailing Address Lilly Corporate Center		Transaction ID: 0331200324C8845
City Indianapolis	State IN	Zip Code 46285-
FEC ID number of contributing federal political committee. <b>C</b> CD0082792		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼	2000.00

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3100.00</b>
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 / 21	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Lincoln National Corporation PAC		Date of Receipt M / D / Y 03 / 22 / 2003
Mailing Address 1455 Pennsylvania Ave., Ste. 1280		Transaction ID: 0331200324C8846
City Washington	State DC	Zip Code 20004-1008
FEC ID number of contributing federal political committee. C C00110577		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NISource Inc. PAC		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 200 Civic Center Dr.		Transaction ID: 0331200325C8852
City Columbus	State OH	Zip Code 43215-
FEC ID number of contributing federal political committee. C CD0051879		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. NRA Political Victory Fund		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 11250 Waples Mill Rd.		Transaction ID: 0331200325C8853
City Fairfax	State VA	Zip Code 22030-7400
FEC ID number of contributing federal political committee. C CD0053553		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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 11 / 21	
	(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)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Physical Therapy PAC		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 111 N. Fairfax St		Transaction ID: 0331200325C8855
City	State	Zip Code
Alexandria	VA	22314-1488
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C C00012880		1000.00
Name of Employer Physical Therapy PAC	Occupation	Receipt
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
X Primary General	1000.00	
Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SBC Communications Employee PAC		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 1401 I Street, N.W.		Transaction ID: 0331200325C8848
City	State	Zip Code
Washington	DC	20005-
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C CD0109017		1000.00
Name of Employer	Occupation	Receipt
Receipt For: 2004	Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
X Primary General	1000.00	
Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	8100.00

**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)				PAGE 12 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Acme Printing Inc.		Transaction ID: D3312D0325E2693 Date of Disbursement 02 / 26 / 2003	
Mailing Address 632 W. Superior		Amount of Each Disbursement this Period 586.18	
City Fort Wayne	State IN	Zip Code 46802-1092	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement breakfast letter/invitation		003 Category/ Type	
Candidate Name		BREAFAST LETTER/INVITATI- ON	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Eli Lilly & Co.		Transaction ID: D3312D0325E2697 Date of Disbursement 03 / 12 / 2003	
Mailing Address Lilly Corporate Center		Amount of Each Disbursement this Period 720.00	
City Indianapolis	State IN	Zip Code 46285-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Expense		003 Category/ Type	
Candidate Name		FUNDRAISING EXPENSE	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Transaction ID: 0124200324E2673 Date of Disbursement 01 / 07 / 2003	
Mailing Address PO Box 6786		Amount of Each Disbursement this Period 893.62	
City Chicago	State IL	Zip Code 60680-8786	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll taxes		001 Category/ Type	
Candidate Name		PAYROLL TAXES	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>2199.80</b>
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)				PAGE 13 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Kinkos		Transaction ID: D331200325E2680 Date of Disbursement 02 / 21 / 2003	
Mailing Address 423 W Coliseum Blvd		Amount of Each Disbursement this Period 148.40	
City Fort Wayne	State IN	Zip Code 46805-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement copying		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		COPYING
State: District			

Full Name (Last, First, Middle Initial) B. Coleen Loeffler		Transaction ID: D331200325E2687 Date of Disbursement 02 / 05 / 2003	
Mailing Address 8614 Yearling Dr.		Amount of Each Disbursement this Period 14.76	
City Fort Wayne	State IN	Zip Code 46804-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimburse mileage		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		REIMBURSE MILEAGE
State: District			

Full Name (Last, First, Middle Initial) C. Coleen Loeffler		Transaction ID: D331200325E2686 Date of Disbursement 02 / 05 / 2003	
Mailing Address 8614 Yearling Dr.		Amount of Each Disbursement this Period 344.32	
City Fort Wayne	State IN	Zip Code 46804-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL
State: District			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>507.48</b>
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)				PAGE 14 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. J. Oscar Mitson		Transaction ID: D331200325E2695 Date of Disbursement 03 / 06 / 2003	
Mailing Address 12010 Hampton Wood Dr.			
City Fort Wayne	State IN	Zip Code 46835-	Amount of Each Disbursement this Period  36.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimburse mileage		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	
		REIMBURSE MILEAGE	

Full Name (Last, First, Middle Initial) B. J. Oscar Mitson		Transaction ID: D331200325E2694 Date of Disbursement 03 / 06 / 2003	
Mailing Address 12010 Hampton Wood Dr.			
City Fort Wayne	State IN	Zip Code 46835-	Amount of Each Disbursement this Period  219.87 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	
		PAYROLL	

Full Name (Last, First, Middle Initial) C. National City Bank		Transaction ID: 0331200325E2701 Date of Disbursement 01 / 01 / 2003	
Mailing Address One National City Center 101 W Washington STE 335 E			
City Indianapolis	State IN	Zip Code 46255-	Amount of Each Disbursement this Period  35.77 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement merchant fees		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	
		MERCHANT FEES	

SUBTOTAL of Disbursements This Page (optional) .....	▶	291.64
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)				PAGE 15 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. National City Bank		Transaction ID: D3312D0325E27D4 Date of Disbursement 01 / 22 / 2003	
Mailing Address One National City Center 101 W Washington STE 335 E		Amount of Each Disbursement this Period 315.41	
City Indianapolis	State IN	Zip Code 46255-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement See Below: Candidate Name		001 Category/ Type	
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) B. Hostway.com		Transaction ID: D3312D0325E27D6 Date of Disbursement 01 / 22 / 2003	
Mailing Address 1 North State St. Suite 1200		Amount of Each Disbursement this Period 74.85	
City Chicago	State IL	Zip Code 60602-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement internet contributions Candidate Name		003 Category/ Type	
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: INTERNET CONTRIBUTIONS

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: D3312D0325E27D5 Date of Disbursement 01 / 22 / 2003	
Mailing Address 705 Northcrest Shopping Center		Amount of Each Disbursement this Period 240.56	
City Fort Wayne	State IN	Zip Code 46805-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Expense Candidate Name		001 Category/ Type	
Office Sought: House Senate President	State: District	Disbursement For: Primary General Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE EXPENSE

SUBTOTAL of Disbursements This Page (optional)	▶	315.41
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	17 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. National City Bank		Transaction ID: D3312D0325E27D2 Date of Disbursement 02 / 01 / 2003	
Mailing Address One National City Center 101 W Washington STE 335 E		Amount of Each Disbursement this Period 36.50	
City Indianapolis	State IN	Zip Code 46255-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement merchant fees		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		MERCHANT FEES

Full Name (Last, First, Middle Initial) B. National City Bank		Transaction ID: D3312D0325E27D3 Date of Disbursement 03 / 01 / 2003	
Mailing Address One National City Center 101 W Washington STE 335 E		Amount of Each Disbursement this Period 36.50	
City Indianapolis	State IN	Zip Code 46255-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement merchant fees		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		MERCHANT FEES

Full Name (Last, First, Middle Initial) C. Country Shops of Grabill		Transaction ID: 0331200325E2691 Date of Disbursement 02 / 26 / 2003	
Mailing Address PO Box 42B 13804 Antwerp Rd.		Amount of Each Disbursement this Period 150.00	
City Grabill	State IN	Zip Code 46741-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement rent		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		RENT

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>223.00</b>
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)				PAGE 17 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Country Shops of Grabill		Transaction ID: D331200325E2692 Date of Disbursement 03 / 31 / 2003	
Mailing Address PO Box 429 13804 Antwerp Rd.		Amount of Each Disbursement this Period  150.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT	
City Grabill	State IN		Zip Code 46741-
Purpose of Disbursement rent	001 Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Summit Club		Transaction ID: D331200325E2700 Date of Disbursement 03 / 31 / 2003	
Mailing Address 25th Floor FWNB Bldg.		Amount of Each Disbursement this Period  738.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  EVENT EXPENSE	
City Fort Wayne	State IN		Zip Code 46802-
Purpose of Disbursement Event Expense	003 Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Travelers Property Casualty		Transaction ID: 0331200325E2696 Date of Disbursement 03 / 07 / 2003	
Mailing Address P.O. Box 1515		Amount of Each Disbursement this Period  890.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  WORKERS COMP AND COMMCL INSUR	
City Spokane	State WA		Zip Code 99210-1515
Purpose of Disbursement workers comp and commd insur	001 Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>1778.40</b>
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)				PAGE 18 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: D3312D0325E2689 Date of Disbursement 02 / 24 / 2003	
Mailing Address 1501 S. Clinton		Amount of Each Disbursement this Period 74.00	
City Fort Wayne	State IN	Zip Code 46805-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement postage		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		POSTAGE

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: D3312D0325E2688 Date of Disbursement 02 / 24 / 2003	
Mailing Address 1501 S. Clinton		Amount of Each Disbursement this Period 457.40	
City Fort Wayne	State IN	Zip Code 46805-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement bulk mail		003 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		BULK MAIL

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 0331200325E2681 Date of Disbursement 01 / 22 / 2003	
Mailing Address P.O. Box 31122		Amount of Each Disbursement this Period 89.71	
City Tampa	State FL	Zip Code 33631-3122	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phone		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		PHONE

SUBTOTAL of Disbursements This Page (optional) .....	▶	621.11
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)				PAGE 19 / 21
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: D3312D0325E2682 Date of Disbursement 02 / 05 / 2003	
Mailing Address P.O. Box 31122			
City Tampa	State FL	Zip Code 33631-3122	Amount of Each Disbursement this Period  45.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phone		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PHONE
State: District			

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Transaction ID: D3312D0325E2683 Date of Disbursement 02 / 26 / 2003	
Mailing Address P.O. Box 31122			
City Tampa	State FL	Zip Code 33631-3122	Amount of Each Disbursement this Period  24.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phone		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PHONE
State: District			

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Transaction ID: D3312D0325E2684 Date of Disbursement 03 / 07 / 2003	
Mailing Address P.O. Box 31122			
City Tampa	State FL	Zip Code 33631-3122	Amount of Each Disbursement this Period  45.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement phone		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PHONE
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>115.41</b>
<b>TOTAL</b> 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)

PAGE 20 / 21

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

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NAME OF COMMITTEE (In Full)  
 SOUDER FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D3312D0325E2685	
Mailing Address P.O. Box 31122		Date of Disbursement 03 / 28 / 2003	
City Tampa	State FL	Zip Code 33631-3122	Amount of Each Disbursement this Period  69.77
Purpose of Disbursement phone		001 Category/ Type	
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		PHONE

SUBTOTAL of Disbursements This Page (optional) .....	▶	69.77
TOTAL This Period (last page this line number only) .....	▶	6122.02

