

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Indiana League of Savings
Institutional Committee on Public Affairs

ADDRESS (number and street) Check if different than previously reported
3135 N. Meridian St.

CITY, STATE and ZIP CODE
Indianapolis IN 46208

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 11 30 AM '90

2. FEC IDENTIFICATION NUMBER
C-00014252

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>7-1-97</u> through <u>12-31-97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>			\$ <u>105,503.66</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>128,181.23</u>	
(c) Total Receipts (from Line 19)		\$ <u>1,350.17</u>	\$ <u>27,796.74</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>129,531.40</u>	\$ <u>133,200.40</u>
7. Total Disbursements (from Line 30)		\$ <u>28,905.00</u>	\$ <u>32,674.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>100,626.40</u>	\$ <u>100,626.40</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20483
Toll Free 800-424-9636
Local 202-219-3420

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

Type or Print Name of Treasurer
James H. Cousins

Signature of Treasurer
James H Cousins

Date
1-25-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>Indiana League of Savings Inst. Commission Public Affairs</i>	REPORT COVERING PERIOD FROM <i>7-1-97</i> TO <i>12-31-97</i>	
Receipts	COLUMN A Total/This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committee:		
i. Itemized (use Schedule A)	<i>0</i>	<i>550</i>
ii. Unitemized	<i>629</i>	<i>24,110</i>
iii. Total (add i and ii) >	<i>629</i>	<i>24,660</i>
b. Political Party Committee		
c. Other Political Committee (such as PACs)		
d. Total Contributions (add a ii, b and c) >	<i>629</i>	<i>24,660</i>
12. Transfers From Affiliated/Other Party Committee		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	<i>0</i>	<i>1550</i>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committee		
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>721.17</i>	<i>15,26.74</i>
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>1350.17</i>	<i>27,796.74</i>
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>1350.17</i>	<i>27,796.74</i>
Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H):		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	<i>0</i>	<i>1265</i>
c. Total Operating Expenditures (add a i, ii, and b) >		
22. Transfers to Affiliated/Other Party Committee	<i>0</i>	<i>0</i>
23. Contributions to Federal Candidates/Committees and Other Political Committee	<i>3,225</i>	<i>8,225</i>
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committee (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committee		
b. Political Party Committee		
c. Other Political Committee (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements <i>State Local Candidates</i>	<i>15,680</i>	<i>16,180</i>
30. Total Disbursements (add 21c, 22, 23, 24, 26, 27, 28d, and 29) >	<i>28,905</i>	<i>32,674</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>28,905</i>	<i>32,674</i>
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

Indiana League of Savings Inst. Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Union Federal Savings Bank 45 W. Pennsylvania St. Indianapolis IN 46204</i>		<i>7/14/97</i>	<i>134.71</i>
		<i>8/12/97</i>	<i>170.26</i>
	Occupation	<i>5/31/97</i>	<i>162.12</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>INTEREST</i>	Aggregate Year-to-Date > \$ <i>1586.94</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		<i>10/29/97</i>	<i>119.61</i>
		<i>11/21/97</i>	<i>106.84</i>
	Occupation	<i>12/21/97</i>	<i>108.66</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

721.17

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Indiana League of Savings Inst. Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pan Burton for Congress PO Box 50593 Indianapolis, IN 46250	U.S. House of Representatives Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/5/99	225 ⁰⁰
McIntosh for Congress PO Box 2424 Muncie, IN 47307	U.S. House of Representatives Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-5-99	1,000 ⁰⁰
C. Full Name, Mailing Address and ZIP Code Analysts Supporting Ryeer for Congress PO Box 712 Munfice, IN 47960	U.S. House of Representatives Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-99	500 ⁰⁰
D. Full Name, Mailing Address and ZIP Code Julia Carson for Congress Committee 740 Market Square Center 151 N. Delaware St. Indianapolis, IN 46204	U.S. House of Representatives Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/21/99	600 ⁰⁰
E. Full Name, Mailing Address and ZIP Code Gail Richer for Congress PO Box 3897 Evansville, IN 47737	U.S. House of Representatives Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-10-99	500 ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3,225⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Indian League of Savings Institutions Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Date (month, day, year)	Date (month, day, year)	Amount of Each Disbursement This Period
America Community Bankers Corp 900 Connecticut St. N.W. Washington DC 20004	RBC Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/87	10,000 ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10,000⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana League of Savings Inst. Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Dembo Committee PO Box 177 Kendal Field, IN 47432	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-97	500 ⁰⁰
B. Full Name, Mailing Address and ZIP Code Committee to Elect Jim Bottorff 5402 Kenwood Ave Indianapolis, IN 46208	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-97	900 ⁰⁰
C. Full Name, Mailing Address and ZIP Code Urban Republican Campaign Committee P.O. Box 44054 Indianapolis, IN 46205	State House Races Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/97	1500 ⁰⁰
D. Full Name, Mailing Address and ZIP Code Elect Ruppel 909 State Road 1340 North Manchester, IN 46962	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-97	410 ⁰⁰
E. Full Name, Mailing Address and ZIP Code House Democratic Caucus PO Box 1671 Indianapolis, IN 46206	State House Races Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-2-97	800 ⁰⁰
F. Full Name, Mailing Address and ZIP Code Craig Fitz for State Rep. 637 Bayview Dr Michiana, IN 46544	State House 7 Rep Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-14-97	500 ⁰⁰
G. Full Name, Mailing Address and ZIP Code Whicker for ST. Senator 1320 North State Bank Lawrenceville, IN 46764	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-14-97	240
H. Full Name, Mailing Address and ZIP Code Indiana Senate Democratic Committee 111 Capital St. #200 Indianapolis, IN 46204	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/08/97	1200
I. Full Name, Mailing Address and ZIP Code Mike Smith for State Rep P.O. Box 1 Ronsdale, IN 47578	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/13/97	300

SUBTOTAL of Disbursements This Page (optional)

6650

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Indiana League of Savings Inst. Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Meeke for Senate Committee PO Box 85 La Grange, IN 46761	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-17-97	500 =
Committee to Elect Connie Lawson State Senator PO Box 327 Danville, IN 46122	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-17-97	130 =
Citizens for Gordon PO Box 2182 Indianapolis IN 46206	State Senator Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-17-97	1,150 =
Park Memorial Committee PO Box 4429 Indianapolis IN 46209	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-18-97	100 =
Woody W Britton for 50. Rep. 147 Nantacallo Dr. Greenwood, IN 46142	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-9-97	1,000
Pat Miller for Senate 12 N Delaware Indianapolis, IN 46204	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-9-97	450
French Lick Inn PO Box 91 French Lick, IN 47432	State House / Inn Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-97	20
Elect Luke Kenney PO Box 805 Noblesville, IN 46060	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-97	300
Ed Melham for State Reps. 711 E 65th St. Indianapolis IN 46220	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-97	300

SUBTOTAL of Disbursements This Page (optional)

4880

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Indiana League of Savings Inst. Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Bauer for St. Rep. 1307 Sunnyvale South Bend, IN 46615	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-97	500 ⁰⁰
Candy Mandant for St. Rep. PO Box 44054 Indianapolis IN 46209	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-16-97	200 ⁰⁰
G. Full Name, Mailing Address and ZIP Code Grubb for State Rep. PO Box 9 Covington IN 47432	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-24-97	500 ⁰⁰
D. Full Name, Mailing Address and ZIP Code Torr for State Rep. 5805 Tanager Lane Carmel, IN 46033	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-24-97	250 ⁰⁰
E. Full Name, Mailing Address and ZIP Code Committee to Elect Runtabayantski 7742 Tangle Ave Hammond, IN 46327	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-7-97	500 ⁰⁰
F. Full Name, Mailing Address and ZIP Code Elect Russell Campaign Committee PO Box 44504 Indianapolis IN 46209	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-23-97	200 ⁰⁰
G. Full Name, Mailing Address and ZIP Code Sandy Dampsey for St. Senate PO Box 2182 Indianapolis IN 46206	State Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	500 ⁰⁰
H. Full Name, Mailing Address and ZIP Code Sue Schuler for State Rep. PO Box 2344 West Lafayette IN 47206	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	250 ⁰⁰
I. Full Name, Mailing Address and ZIP Code Louch for State Rep. 2816 N. 400 East Columbus, IN 47244	State House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	250 ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

3150

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in full)
Indiana League of Savings, 1st. Committee on Public Affairs

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>O'Brien for Indiana PO Box 1905 Indianapolis IN 46206</i>	<i>Donation</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/10/81</i>	<i>1,000⁰⁰</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	<i>1,000⁰⁰</i>
TOTAL This Period (last page this line number only)	<i>15,680⁰⁰</i>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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