

# 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  
Hoosiers Supporting Buyer For Congress

ADDRESS (number and street) 200 North Main St., P.O. Box 712  
 Check if different than previously reported. (ACC)  
Monticello, IN 47960

2. **FEC IDENTIFICATION NUMBER** C00255471  
**CITY** STATE ZIP CODE STATE DISTRICT  
IN 04  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 04 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Douglas E. Raderstorf

Signature of Treasurer Electronically Filed by Douglas E. Raderstorf Date 07 14 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Hoosiers Supporting Buyer For Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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(e)).....	85157.14	99298.85
(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)).....	85157.14	99298.85
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	48357.56	240736.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	300.00	4441.51
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48057.56	236294.93
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	266093.04	
<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 12/2003)

Write or Type Committee Name  
Hoosiers Supporting Buyer For Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	8307.14	9957.14
(i) Itemized (use Schedule A).....	350.00	1091.71
(ii) Unitemized.....	8657.14	11048.85
(iii) TOTAL of contributions from individuals..... ▶	1000.00	1000.00
(b) Political Party Committees.....	75500.00	86500.00
(c) Other Political Committees (such as PACS).....	0.00	750.00
(d) The Candidate.....	85157.14	99298.85
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
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.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	85771.38	105770.48

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	48357.56	240736.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	48357.56	240836.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	228679.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	85771.38
25. SUBTOTAL (add Line 23 and Line 24).....	314450.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48357.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	266093.04

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Hoosiers Supporting Buyer For Congress

**A.** Full Name (Last, First, Middle Initial)  
Abbott Laboratories PAC

Mailing Address 1710 Rhode Island Ave., NW  
Suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 29 / 2009  
**Transaction ID:** 90713.C17930  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Action Committee for Rural

Mailing Address Electrification PAC  
4301 Wilson Blvd.

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** 90713.C17922  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Americas Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Ave. NW  
Suite 500

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2009  
**Transaction ID:** 90713.C17923  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
American Academy of

Mailing Address Ophthalmology PAC  
1101 Vermont Ave., NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 9

**Transaction ID:** 90626.C17892

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
American Academy of

Mailing Address Physicians Assistant  
950 North Washington St.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17943

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
American Bankers Assoc. PAC

Mailing Address 1120 Connecticut Ave., NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 9

**Transaction ID:** 90626.C17871

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
American Chiropractic

Mailing Address Association PAC  
1701 Clarendon Blvd.

City Rosslyn State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 29 / 2009  
**Transaction ID:** 90713.C17935  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
American Crystal Sugar Company PAC

Mailing Address 101 North Thrid St.

City Moorhead State MN Zip Code 56560

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 26 / 2009  
**Transaction ID:** 90713.C17914  
 Amount of Each Receipt this Period: 5000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
American Electric Power

Mailing Address Committee for Responsible Govn  
801 Pennsylvania Ave. NW Suite 320

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 11 / 2009  
**Transaction ID:** 90626.C17872  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
American Optometric

Mailing Address Association PAC  
1505 Prince St. - Suite 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2009  
**Transaction ID:** 90713.C17908  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
American Psychiatric Assoc.

Mailing Address 100 Wilson Blvd.  
Suite 1825

City Rosslyn State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 06 / 26 / 2009  
**Transaction ID:** 90713.C17913  
 Amount of Each Receipt this Period: 2500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
American Veterinary Medical Assoc.

Mailing Address 1910 Sunderland Place NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** 90713.C17925  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 555 13th Street NW  
Suite 600 West

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** 90713.C17924  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Anheuser-Busch Companies Inc. PAC

Mailing Address 1401 I Street NW  
Suite 200

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** 90713.C17928  
 Amount of Each Receipt this Period: 2500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 1401 I Street  
Suite 1100

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 05 / 11 / 2009  
**Transaction ID:** 90626.C17874  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
BP North America

Mailing Address  
1776 Eye St., NW Suite 1000

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2009

**Transaction ID:** 90713.C17944

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bridgestone-Firestone PAC

Mailing Address 607 14th Street, NW  
Suite 500

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2009

**Transaction ID:** 90713.C17941

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Burlington Northern & Santa Railway PAC

Mailing Address 500 New Jersey Ave. NW  
Suite 550

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

**Transaction ID:** 90713.C17902

Amount of Each Receipt this Period  
2000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Comcast Corp. PAC

Mailing Address 2001 Pennsylvania Ave. NW  
Suite 500

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

**Transaction ID:** 90713.C17911

Amount of Each Receipt this Period  

1000.00
---------

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Comcast Corp. PAC

Mailing Address 2001 Pennsylvania Ave. NW  
Suite 500

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

**Transaction ID:** 90713.C17915

Amount of Each Receipt this Period  

1000.00
---------

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Credit Union Legislative

Mailing Address Action Council of CUNA  
601 Pennsylvania Ave., NW

City State Zip Code  
Washington DC 20005-2207

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	9

**Transaction ID:** 90713.C17921

Amount of Each Receipt this Period  

1000.00
---------

Receipt

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

3000.00
---------

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

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

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

FOR LINE NUMBER: PAGE 12 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 601 Pennsylvania Ave. NW  
North Bldg Suite 625

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 29 / 2009  
**Transaction ID:** 90713.C17940  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Dow Chemical Co. AGPAC

Mailing Address 9330 Zionsville Rd.

City Indianapolis State IN Zip Code 46268

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 26 / 2009  
**Transaction ID:** 90713.C17920  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Eli Lilly Company PAC

Mailing Address 555 12th St., NW  
Suite 650

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 06 / 26 / 2009  
**Transaction ID:** 90713.C17918  
 Amount of Each Receipt this Period: 2000.00  
 Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
EMD Serono, Inc. PAC

Mailing Address 975 F Street, NW  
Suite330

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17942

Amount of Each Receipt this Period  
 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
General Electric PAC

Mailing Address 1299 Pennsylvania Ave., NW  
Suite 1100W

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17936

Amount of Each Receipt this Period  
 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ice Cream, Milk & Cheese PAC

Mailing Address 1250 H St. NW  
Suite 900

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17945

Amount of Each Receipt this Period  
 1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Jewelers of America

Mailing Address 52 Vanerbilt Ave.  
19th Floor

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	9

**Transaction ID:** 90713.C17933

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees PAC.

Mailing Address 11550 Crystal Drive  
Crystal Square Two, Suite 300

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

**Transaction ID:** 90713.C17910

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
McKesson Corp. Employees

Mailing Address Political Fund  
One Post Street, 34th Floor

City State Zip Code  
San Francisco CA 94104

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

**Transaction ID:** 90626.C17873

Amount of Each Receipt this Period  
2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
McKesson Corp. Employees

Mailing Address Political Fund  
One Post Street, 34th Floor

City San Francisco State CA Zip Code 94104

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 06 / 30 / 2009  
**Transaction ID:** 90713.C17927  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
National Assoc. of Broadcasters

Mailing Address 1771 North St., NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 06 / 11 / 2009  
**Transaction ID:** 90713.C17905  
 Amount of Each Receipt this Period: 3000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
National Assoc. of Health Underwriters

Mailing Address 2000 North 14th Street  
Suite 450

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 06 / 29 / 2009  
**Transaction ID:** 90713.C17938  
 Amount of Each Receipt this Period: 1000.00  
 Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 1100 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 1 / 2 0 0 9

**Transaction ID:** 90713.C17904

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications

Mailing Address Assoc. PAC  
25 Massachusetts Ave. NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 9

**Transaction ID:** 90713.C17919

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 13625 Bishops Drive

City State Zip Code  
Brookfield WI 53005-6607

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17937

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
NAUS-PAC

Mailing Address 5535 Hempstead Way

City Springfield State VA Zip Code 22151

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 29 / 2009  
**Transaction ID:** 90713.C17939  
 Amount of Each Receipt this Period 1000.00  
 Receipt

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

Mailing Address 200 Civic Center Drive

City Columbus State OH Zip Code 43215

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 26 / 2009  
**Transaction ID:** 90713.C17912  
 Amount of Each Receipt this Period 1000.00  
 Receipt

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

Mailing Address 4537 South Nucor Road

City Crawfordsville State IN Zip Code 47933

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 29 / 2009  
**Transaction ID:** 90713.C17946  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 72  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2009

Transaction ID: 90713.C17909

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Rolls-Royce North America PAC

Mailing Address 1875 Explorer Street  
Suite 200

City State Zip Code  
Reston VA 20190-0420

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2009

Transaction ID: 90626.C17870

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Sprint Nextel PAC

Mailing Address 901 7th Stret NW  
Floor 4

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2009

Transaction ID: 90713.C17916

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
T-Mobile PAC

Mailing Address 401 9th Street NW  
Suite 550

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
06 / 11 / 2009

Transaction ID: 90713.C17899

Amount of Each Receipt this Period: 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
The Prudential Financial PAC

Mailing Address 1140 Connecticut Ave. NW  
Suite 510

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 11 / 2009

Transaction ID: 90626.C17890

Amount of Each Receipt this Period: 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Unisys Corp. Employees PAC

Mailing Address MS B214 One Unisys Way

City Blue Bell State PA Zip Code 19424

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
06 / 30 / 2009

Transaction ID: 90713.C17926

Amount of Each Receipt this Period: 1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
United StatesTeleom Assoc. PAC

Mailing Address 607 14th Street NW  
Suite 400

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

**Transaction ID:** 90713.C17900

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
United Technologies Corp. PAC

Mailing Address 1401 Eye St., NW  
Suite 600

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	0	9

**Transaction ID:** 90626.C17869

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group PAC

Mailing Address 1225 New York Ave. NW  
Suite 475

City State Zip Code  
Washington DC 20030

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

**Transaction ID:** 90713.C17901

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address 1666 K Street, NW  
Suite 410

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 9

**Transaction ID:** 90713.C17917

Amount of Each Receipt this Period  
2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Verizon Communications Inc. Good

Mailing Address Government Club PAC  
1300 I Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 1 / 2 0 0 9

**Transaction ID:** 90713.C17903

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Wine & Spirits Wholesalers

Mailing Address of America PAC  
805 15th Street NW #430

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17947

Amount of Each Receipt this Period  
2000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 72  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

A.

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

Mailing Address 701 Pennsylvania Aveune, NW  
Suite 500

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17893

Amount of Each Receipt this Period  
2500.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	75500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
John Barnes

Mailing Address 6210 Red Alder Drive

City Avon State IN Zip Code 46123

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

Name of Employer Materials Processing, Inc. Occupation Chairman & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1857.14

Date of Receipt 05 / 09 / 2009  
**Transaction ID:** 90713.C17952  
 Amount of Each Receipt this Period 1857.14  
 In-Kind

**B.** Full Name (Last, First, Middle Initial)  
Mike Beard

Mailing Address 4249 N. 450 W.

City Frankfort State IN Zip Code 46041

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

Name of Employer self Occupation Farmer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2009  
**Transaction ID:** 90626.C17887  
 Amount of Each Receipt this Period 250.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
John Boylan

Mailing Address 14449 North Slope Street

City Centreville State VA Zip Code 20120

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

Name of Employer Cassidy & Associates Occupation Consultant

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2009  
**Transaction ID:** 90713.C17932  
 Amount of Each Receipt this Period 500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2607.14

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 72
	<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Julie Carr	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 6038 North 9th Street	<b>Transaction ID:</b> 90713.C17929
	City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Kountoupes Consulting Consultant	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Larry Contos	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 108 Beauvoir Circle	<b>Transaction ID:</b> 90626.C17885
	City State Zip Code Anderson IN 46011	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation retired	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 268.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy Denney	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 2678 East 400 South	<b>Transaction ID:</b> 90626.C17884
	City State Zip Code Clayton IN 46118	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation self Excavator	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Dotchin

Mailing Address 412 North St. Asaph St.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Advocacy Group      Occupation Partner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

**Transaction ID:** 90713.C17934

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address P.O. Box 1129

City State Zip Code  
Granger IN 46530

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

Name of Employer Indiana University      Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

**Transaction ID:** 90626.C17879

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
David Douglas

Mailing Address P.O. Box 1129

City State Zip Code  
Granger IN 46530

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

Name of Employer Indiana University      Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

**Transaction ID:** 90626.C17889

Amount of Each Receipt this Period  
500.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 72  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Hoosiers Supporting Buyer For Congress

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

Mailing Address 7153 West 86th Street

City Indianapolis State IN Zip Code 46278

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

Name of Employer Panther Racing Occupation Partner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2009  
**Transaction ID:** 90626.C17883  
 Amount of Each Receipt this Period 250.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert Kornahrens

Mailing Address 1950 NW 2nd Street

City Fort Lauderdale State FL Zip Code 33311

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

Name of Employer Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2009  
**Transaction ID:** 90626.C17891  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
James Krampen

Mailing Address 303 Congressional Blvd.

City Carmel State IN Zip Code 46032

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

Name of Employer Seven Corner Inc. Occupation insurance executive

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2009  
**Transaction ID:** 90626.C17880  
 Amount of Each Receipt this Period 250.00  
 Receipt

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Donnie Lawson

Mailing Address 4919 Serum Plant Rd.

City State Zip Code  
Thorntown IN 46071

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

Name of Employer self Occupation  
Farmer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17881

Amount of Each Receipt this Period  
250.00

Receipt

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

Mailing Address 12525 N. LA Belle Court

City State Zip Code  
MeQuon WI 53092

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

Name of Employer Dynamic Grape Occupation  
Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17882

Amount of Each Receipt this Period  
250.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott Molin

Mailing Address 2206 Lafayette Road

City State Zip Code  
Crawfordsville IN 47933

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

Name of Employer self Occupation  
Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 1 / 2 0 0 9

Transaction ID: 90713.C17906

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 72  
(check only one)

11a  
  11b  
  11c  
  11d  
 12  
  13a  
  13b  
  14  
  15

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

**A.**

Full Name (Last, First, Middle Initial)  
David Nymeyer

Mailing Address 4189 W. 1250 S.

City State Zip Code  
Kentland IN 47951

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17878

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Henry Plaster III

Mailing Address 5407 Albemable Street

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Occupation  
Plaster & Assoc. Govt Relations Rep.

Receipt For: 2010  
 Primary  
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 9

Transaction ID: 90713.C17931

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Jeffry Price

Mailing Address 15 South Wabash Street

City State Zip Code  
Peru IN 46970

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2010  
 Primary  
  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17886

Amount of Each Receipt this Period

250.00

Receipt

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

700.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 72

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Slusser

Mailing Address P.O. Box 33

City State Zip Code  
Logansport IN 46947

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

Name of Employer Occupation  
Slussers Greenthumb, Inc. Self Employed

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 9

Transaction ID: 90713.C17907

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Ethna Verkamp

Mailing Address 5044 Watersite Circle

City State Zip Code  
Indianapolis IN 46254-9616

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

Name of Employer Occupation  
retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17888

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

8307.14

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

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

FOR LINE NUMBER: PAGE 30 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

A.

Full Name (Last, First, Middle Initial)  
Marshall Counry Republican Committee

Mailing Address P.O. Box 102

City State Zip Code  
Plymouth IN 46563

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 1 / 2 0 0 9

Transaction ID: 90626.C17868

Amount of Each Receipt this Period  
1000.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 72  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

A.

Full Name (Last, First, Middle Initial)  
Panasonic

Mailing Address 1610 Century Center Parkway  
Suite 101

City State Zip Code  
Memphis TN 38134-

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 9

Transaction ID: 90713.C17897

Amount of Each Receipt this Period  
300.00

Offsets to Operating Expenditure

Note: refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	300.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Wells Fargo

Mailing Address 119 North Main Street

City State Zip Code  
Monticello IN 47960-6748

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1699.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

**Transaction ID:** 90512.C17867

Amount of Each Receipt this Period  
3.55

Other Receipt

Note: April interest

**B.** Full Name (Last, First, Middle Initial)  
Wells Fargo

Mailing Address 119 North Main Street

City State Zip Code  
Monticello IN 47960-6748

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1703.25

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	9

**Transaction ID:** 90626.C17894

Amount of Each Receipt this Period  
3.53

Other Receipt

Note: May interest

**C.** Full Name (Last, First, Middle Initial)  
Wells Fargo

Mailing Address 119 North Main Street

City State Zip Code  
Monticello IN 47960-6748

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1706.83

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

**Transaction ID:** 90713.C17948

Amount of Each Receipt this Period  
3.58

Other Receipt

Note: June interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10.66**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 72	
	(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)  
Hoosiers Supporting Buyer For Congress

**A.**

Full Name (Last, First, Middle Initial)  
Doug Raderstorf

Mailing Address 200 N. Main St.

City State Zip Code  
Monticello IN 47960-

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	0	9

Transaction ID: 90713.C17898

Amount of Each Receipt this Period  
200.00

Other Receipt

Note: purchase of chairs

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	210.66

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement petty cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8491 Date of Disbursement 04 / 07 / 2009	Amount of Each Disbursement this Period 100.00 PETTY CASH
<b>B.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8527 Date of Disbursement 04 / 14 / 2009	Amount of Each Disbursement this Period 402.12 PAYROLL TAXES
<b>C.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8607 Date of Disbursement 05 / 15 / 2009	Amount of Each Disbursement this Period 433.12 PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	935.24
<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)

<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

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8605</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>PETTY CASH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8655</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 433.12</p> <p>PAYROLL TAXES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement petty cash</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8632</p> <p>Date of Disbursement 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>PETTY CASH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

633.12

**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 36 / 72

<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)  
Hoosiers Supporting Buyer For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) AT&amp;T Wireless</p> <p>Mailing Address P.O. Box 8220</p> <p>City Fox Valley State IL Zip Code 60572-</p> <p>Purpose of Disbursement cell phone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90512.E8508 <b>Date of Disbursement</b> 04 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 127.34</p> <p>CELL PHONE EXPENSE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AT&amp;T Mobility</p> <p>Mailing Address</p> <p>City Fox Valley State IL Zip Code 60572-</p> <p>Purpose of Disbursement cell phone bill</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8636 <b>Date of Disbursement</b> 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 261.81</p> <p>CELL PHONE BILL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Barnes</p> <p>Mailing Address 6210 Red Alder Drive</p> <p>City Avon State IN Zip Code 46123-</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.C17952IK <b>Date of Disbursement</b> 05 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1857.14</p> <p>IN KIND:</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2246.29

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st. St., S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement food & bev. expense Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90512.E8517 Date of Disbursement 04 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 1164.13 <hr/> FOOD & BEV. EXPENSE
<b>B.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 1st. St., S.E. <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement food & bev. expense Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90626.E8538 Date of Disbursement 05 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 98.65 <hr/> FOOD & BEV. EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Comcast <hr/> Mailing Address <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement cable service Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90626.E8556 Date of Disbursement 05 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 78.61 <hr/> CABLE SERVICE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1341.39
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement cable service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8598</p> <p>Date of Disbursement 05 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 78.62</p> <p>CABLE SERVICE</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Comcast</p> <p>Mailing Address</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement cable service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8635</p> <p>Date of Disbursement 06 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 46.73</p> <p>CABLE SERVICE</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Corporate Card</p> <p>Mailing Address P.O. Box 10347</p> <p>City Des Moines State IA Zip Code 50306-</p> <p>Purpose of Disbursement see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90512.E8511</p> <p>Date of Disbursement 04 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 91.06</p> <p>SEE BELOW</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

216.41

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Target	Transaction ID: 90512.E8514
	Mailing Address	Date of Disbursement 04 / 16 / 2009
	City: Lafayette State: IN Zip Code: 47905-	Amount of Each Disbursement this Period 45.96
	Purpose of Disbursement: office supplies	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: 90512.E8516
	Mailing Address: St. Rd. 24	Date of Disbursement 04 / 16 / 2009
	City: Monticello State: IN Zip Code: 47960-	Amount of Each Disbursement this Period 19.80
	Purpose of Disbursement: office supplies	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Corporate Card	Transaction ID: 90626.E8557
	Mailing Address: P.O. Box 10347	Date of Disbursement 05 / 06 / 2009
	City: Des Moines State: IA Zip Code: 50306-	Amount of Each Disbursement this Period 1408.53
	Purpose of Disbursement: see below	SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1408.53
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Chart House Mailing Address 1 Cameron Street City Alexandria State VA Zip Code 22314- Purpose of Disbursement food & bev. expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8564 Date of Disbursement 05 / 06 / 2009
	Amount of Each Disbursement this Period 133.29 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE

<b>B.</b> Full Name (Last, First, Middle Initial) Family Express Mailing Address City Lafayette State IN Zip Code 47902- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8572 Date of Disbursement 05 / 06 / 2009
	Amount of Each Disbursement this Period 61.81 [MEMO ITEM] MEMO: GASOLINE

<b>C.</b> Full Name (Last, First, Middle Initial) Northwest Airlines Mailing Address City Indianapolis State IN Zip Code 46240- Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8568 Date of Disbursement 05 / 06 / 2009
	Amount of Each Disbursement this Period 283.20 [MEMO ITEM] MEMO: AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Paradies			Transaction ID: 90626.E8567	
	Mailing Address			Date of Disbursement 05 / 06 / 2009	
	City Washington	State DC	Zip Code 20005-	Amount of Each Disbursement this Period 16.87	
	Purpose of Disbursement food & bev. expense		Category/ Type	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) Shell Station			Transaction ID: 90626.E8566	
	Mailing Address			Date of Disbursement 05 / 06 / 2009	
	City Lafayette	State IN	Zip Code 47903-	Amount of Each Disbursement this Period 149.66	
	Purpose of Disbursement gasoline		Category/ Type	[MEMO ITEM] MEMO: GASOLINE	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) Wal-Mart			Transaction ID: 90626.E8574	
	Mailing Address St. Rd. 24			Date of Disbursement 05 / 06 / 2009	
	City Monticello	State IN	Zip Code 47960-	Amount of Each Disbursement this Period 213.91	
	Purpose of Disbursement office supplies		Category/ Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

**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)  
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Corporate Card  Mailing Address P.O. Box 10347  City Des Moines State IA Zip Code 50306-  Purpose of Disbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8579 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 1770.82  SEE BELOW
B.	Full Name (Last, First, Middle Initial) Capital Grille  Mailing Address 601 Pennsylvania Ave., NW  City Washington State DC Zip Code 20004-  Purpose of Disbursement food & bev. expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8582 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 43.97  [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
C.	Full Name (Last, First, Middle Initial) Chart House  Mailing Address 1 Cameron Street  City Alexandria State VA Zip Code 22314-  Purpose of Disbursement food & bev. expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8592 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 100.11  [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1770.82
<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)

<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)  
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)  
Family Express

Mailing Address

City State Zip Code  
Lafayette IN 47902-

Purpose of Disbursement  
gasoline

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90626.E8580  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	9	

Amount of Each Disbursement this Period

113.23
--------

[MEMO ITEM]  
MEMO: GASOLINE

B.

Full Name (Last, First, Middle Initial)  
Hertz Rent-A-Car

Mailing Address

City State Zip Code  
Jacksonville FL 32201-

Purpose of Disbursement  
rental car

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90626.E8588  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	9	

Amount of Each Disbursement this Period

395.22
--------

[MEMO ITEM]  
MEMO: RENTAL CAR

C.

Full Name (Last, First, Middle Initial)  
Mail Inc.

Mailing Address P.O. Box 5685

City State Zip Code  
Lafayette IN 47903-

Purpose of Disbursement  
postage expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90626.E8590  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	9	

Amount of Each Disbursement this Period

340.59
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[MEMO ITEM]  
MEMO: POSTAGE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
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TOTAL This Period (last page this line number only) ..... ▶

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# 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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Marathon Oil  Mailing Address 1541 W. Thompson Rd.  City Indianapolis State IN Zip Code 46241-  Purpose of Disbursement gasoline Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8581 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 39.90  <b>[MEMO ITEM]</b> MEMO: GASOLINE
<b>B.</b>	Full Name (Last, First, Middle Initial) Matchbox Capitol  Mailing Address  City Washington State DC Zip Code 20005-  Purpose of Disbursement food & bev. expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8593 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 235.14  <b>[MEMO ITEM]</b> MEMO: FOOD & BEV. EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Shell Station  Mailing Address  City Lafayette State IN Zip Code 47903-  Purpose of Disbursement gasoline Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8595 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 28.51  <b>[MEMO ITEM]</b> MEMO: GASOLINE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. House Members Dinner  Mailing Address B-217 Longworth Bldg.  City Washington State DC Zip Code 20002-  Purpose of Disbursement food & bev. expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8591 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 43.20  <b>[MEMO ITEM]</b> MEMO: FOOD & BEV. EXPENSE	
<b>B.</b>	Full Name (Last, First, Middle Initial) Corporate Card  Mailing Address P.O. Box 10347  City Des Moines State IA Zip Code 50306-  Purpose of Disbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8551 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 382.69  SEE BELOW	
<b>C.</b>	Full Name (Last, First, Middle Initial) Dicks Sporting  Mailing Address  City Lafayette State IN Zip Code 47905-  Purpose of Disbursement fundraiser supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8547 Date of Disbursement 05 / 15 / 2009  Amount of Each Disbursement this Period 27.80  <b>[MEMO ITEM]</b> MEMO: FUNDRAISER SUPPLIES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>382.69</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)

<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)  
Hoosiers Supporting Buyer For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 125 W. Broadway</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8548</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">4.95</p> <p><b>[MEMO ITEM]</b> MEMO: POSTAGE</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 630024</p> <p>City Lafayette State IN Zip Code 47901-</p> <p>Purpose of Disbursement cell phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8549</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">185.55</p> <p><b>[MEMO ITEM]</b> MEMO: CELL PHONE</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address St. Rd. 24</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8544</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: right;">76.27</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>

**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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address St. Rd. 24 City Monticello State IN Zip Code 47960- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8552 Date of Disbursement 05 / 15 / 2009 Amount of Each Disbursement this Period 37.99 [MEMO ITEM] MEMO: OFFICE SUPPLIES	
<b>B.</b>	Full Name (Last, First, Middle Initial) d2p Mailing Address 9855 Crosspoint Blvd. Suite 148 City Indianapolis State IN Zip Code 46256- Purpose of Disbursement office furniture Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8609 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 2928.48 OFFICE FURNITURE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Embarq Mailing Address P.O. Box 74517 City Atlanta State GA Zip Code 30374- Purpose of Disbursement phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8534 Date of Disbursement 05 / 08 / 2009 Amount of Each Disbursement this Period 425.33 PHONE BILL	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3353.81**

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Embarq  Mailing Address P.O. Box 74517  City Atlanta State GA Zip Code 30374-  Purpose of Disbursement phone bill Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90713.E8628 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 469.32  PHONE BILL
<b>B.</b>	Full Name (Last, First, Middle Initial) GM Card  Mailing Address Dept. 9600  City Carol Stream State IL Zip Code 60128-  Purpose of Disbursement see below Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90512.E8492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 10763.65  SEE BELOW
<b>C.</b>	Full Name (Last, First, Middle Initial) American Airlines  Mailing Address  City State Zip Code  Purpose of Disbursement airfare Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90409.E8474 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 269.20  [MEMO ITEM] MEMO: AIRFARE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>11232.97</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)

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) CC of Charleston Mailing Address City Charleston State SC Zip Code 29401- Purpose of Disbursement fundraiser expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90330.E8359 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 482.67 [MEMO ITEM] MEMO: FUNDRAISER EXPENSE	
<b>B.</b>	Full Name (Last, First, Middle Initial) Capital Grille Mailing Address 601 Pennsylvania Ave., NW City Washington State DC Zip Code 20004- Purpose of Disbursement food & bev. expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8503 Date of Disbursement 04 / 09 / 2009 Amount of Each Disbursement this Period 513.09 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address N/A City Indianapolis State IN Zip Code 46241- Purpose of Disbursement airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90409.E8476 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 389.00 [MEMO ITEM] MEMO: AIRFARE	

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Family Express Mailing Address City State Zip Code Lafayette IN 47902- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90220.E8298 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 44.81 [MEMO ITEM] MEMO: GASOLINE
<b>B.</b>	Full Name (Last, First, Middle Initial) French Lick Spring-Rest Mailing Address City State Zip Code Terre Haute IN 47802- Purpose of Disbursement food & bev. expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8494 Date of Disbursement 04 / 09 / 2009 Amount of Each Disbursement this Period 615.62 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) House Gift Shop Mailing Address Longworth Bldg City State Zip Code Washington DC 20515- Purpose of Disbursement fundraiser gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90220.E8301 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 408.93 [MEMO ITEM] MEMO: FUNDRAISER GIFTS

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ocean Reef Club <hr/> Mailing Address <hr/> City State Zip Code Key Largo FL 33037- <hr/> Purpose of Disbursement hotel expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8497 Date of Disbursement 04 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 7494.95 <hr/> <b>[MEMO ITEM]</b> MEMO: HOTEL EXPENSE
<b>B.</b>	Full Name (Last, First, Middle Initial) Paradies <hr/> Mailing Address <hr/> City State Zip Code Washington DC 20005- <hr/> Purpose of Disbursement food & bev. expense <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8505 Date of Disbursement 04 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 19.49 <hr/> <b>[MEMO ITEM]</b> MEMO: FOOD & BEV. EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Target <hr/> Mailing Address <hr/> City State Zip Code Lafayette IN 47905- <hr/> Purpose of Disbursement office supplies <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90409.E8473 Date of Disbursement 03 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 306.51 <hr/> <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) U.S. House Members Dinner  Mailing Address B-217 Longworth Bldg.  City Washington State DC Zip Code 20002-  Purpose of Disbursement food & bev. expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8504 Date of Disbursement 04 / 09 / 2009  Amount of Each Disbursement this Period 71.10  <b>[MEMO ITEM]</b> MEMO: FOOD & BEV. EXPENSE	
<b>B.</b>	Full Name (Last, First, Middle Initial) Wal-Mart  Mailing Address St. Rd. 24  City Monticello State IN Zip Code 47960-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90220.E8300 Date of Disbursement 01 / 12 / 2009  Amount of Each Disbursement this Period 12.52  <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	
<b>C.</b>	Full Name (Last, First, Middle Initial) Wal-Mart  Mailing Address St. Rd. 24  City Monticello State IN Zip Code 47960-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8502 Date of Disbursement 04 / 09 / 2009  Amount of Each Disbursement this Period 39.37  <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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)

<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)  
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)  
GM Card

Mailing Address Dept. 9600

City State Zip Code  
Carol Stream IL 60128-

Purpose of Disbursement  
see below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90713.E8638  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

Amount of Each Disbursement this Period

748.16
--------

SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
Capital Grille

Mailing Address 601 Pennsylvania Ave., NW

City State Zip Code  
Washington DC 20004-

Purpose of Disbursement  
food & bev. expesne

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90713.E8648  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

Amount of Each Disbursement this Period

169.01
--------

[MEMO ITEM]  
MEMO: FOOD & BEV. EXPESNE

C.

Full Name (Last, First, Middle Initial)  
U.S. House Members Dinner

Mailing Address B-217 Longworth Bldg.

City State Zip Code  
Washington DC 20002-

Purpose of Disbursement  
food & bev. expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90713.E8644  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	0	9

Amount of Each Disbursement this Period

120.90
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[MEMO ITEM]  
MEMO: FOOD & BEV. EXPENSE

SUBTOTAL of Disbursements This Page (optional) .....

748.16
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TOTAL This Period (last page this line number only) .....

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**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Huntington Bank <hr/> Mailing Address 2361 Morse Road <hr/> City Columbus State OH Zip Code 43229- <hr/> Purpose of Disbursement truck payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8506 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 587.89
	Category/ Type
	TRUCK PAYMENT
<b>B.</b> Full Name (Last, First, Middle Initial) Huntington Bank <hr/> Mailing Address 2361 Morse Road <hr/> City Columbus State OH Zip Code 43229- <hr/> Purpose of Disbursement truck payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8602 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 587.89
	Category/ Type
	TRUCK PAYMENT
<b>C.</b> Full Name (Last, First, Middle Initial) Huntington Bank <hr/> Mailing Address 2361 Morse Road <hr/> City Columbus State OH Zip Code 43229- <hr/> Purpose of Disbursement truck payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90713.E8627 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 587.89
	Category/ Type
	TRUCK PAYMENT

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1763.67

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ind. Dept of Revenue <hr/> Mailing Address 100 N. Senate Ave. <hr/> City Indianapolis State IN Zip Code 46204- <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8526 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 94.78
	Category/ Type
	PAYROLL TAXES
<b>B.</b> Full Name (Last, First, Middle Initial) Ind. Dept of Revenue <hr/> Mailing Address 100 N. Senate Ave. <hr/> City Indianapolis State IN Zip Code 46204- <hr/> Purpose of Disbursement payroll taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8603 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 94.79
	Category/ Type
	PAYROLL TAXES
<b>C.</b> Full Name (Last, First, Middle Initial) Cal Johnson <hr/> Mailing Address P.O. Box 671 <hr/> City Folly Beach State SC Zip Code 29439- <hr/> Purpose of Disbursement office rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8600 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 800.00
	Category/ Type
	OFFICE RENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>989.57</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)

<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)  
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)  
Cal Johnson

Transaction ID: 90626.E8606  
Date of Disbursement

Mailing Address P.O. Box 671

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	9

City State Zip Code  
Folly Beach SC 29439-

Amount of Each Disbursement this Period

50.00
-------

Purpose of Disbursement  
office rent

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

OFFICE RENT

State: District:

B.

Full Name (Last, First, Middle Initial)  
Cal Johnson

Transaction ID: 90713.E8631  
Date of Disbursement

Mailing Address P.O. Box 671

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	0	9

City State Zip Code  
Folly Beach SC 29439-

Amount of Each Disbursement this Period

850.00
--------

Purpose of Disbursement  
office rent

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

OFFICE RENT

State: District:

C.

Full Name (Last, First, Middle Initial)  
Kimball

Transaction ID: 90626.E8608  
Date of Disbursement

Mailing Address 9855 Crosspoint Blvd.  
Suite 148

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

City State Zip Code  
Indianapolis IN 46256-

Amount of Each Disbursement this Period

2622.90
---------

Purpose of Disbursement  
office furniture

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

OFFICE FUNITURE

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3522.90
---------

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

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# 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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Stephanie Mattix <hr/> Mailing Address 200 N. Main St. <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8481 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 873.16
	Category/Type PAYROLL
	Full Name (Last, First, Middle Initial) Stephanie Mattix <hr/> Mailing Address 200 N. Main St. <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 873.16	
Category/Type PAYROLL	Transaction ID: 90713.E8612 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 9
Amount of Each Disbursement this Period 873.16	Category/Type PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2619.48
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Monticello Custom Frame & Gallery <hr/> Mailing Address 101 W. Broadway <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement framing expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90626.E8575 Date of Disbursement 05 / 15 / 2009	Amount of Each Disbursement this Period 338.80  FRAMING EXPENSE
<b>B.</b>	Full Name (Last, First, Middle Initial) Monticello Custom Frame & Gallery <hr/> Mailing Address 101 W. Broadway <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement framing expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90626.E8576 Date of Disbursement 05 / 22 / 2009	Amount of Each Disbursement this Period 176.52  FRAMING EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Monticello Rotary Club <hr/> Mailing Address 11950 Holiday Haven Road <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement advertisement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90713.E8630 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 300.00  ADVERTISEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>815.32</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)

<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)  
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Monticello Water & Sewer Departments <hr/> Mailing Address P.O. Box 384 <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement water bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8535 Date of Disbursement 05 / 08 / 2009	Amount of Each Disbursement this Period 41.12 WATER BILL
B.	Full Name (Last, First, Middle Initial) Monticello Water & Sewer Departments <hr/> Mailing Address P.O. Box 384 <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement water bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8604 Date of Disbursement 05 / 29 / 2009	Amount of Each Disbursement this Period 66.50 WATER BILL
C.	Full Name (Last, First, Middle Initial) Monticello Water & Sewer Departments <hr/> Mailing Address P.O. Box 384 <hr/> City Monticello State IN Zip Code 47960- <hr/> Purpose of Disbursement water bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90713.E8629 Date of Disbursement 06 / 17 / 2009	Amount of Each Disbursement this Period 66.81 WATER BILL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	174.43
<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)

<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)  
Hoosiers Supporting Buyer For Congress

**A.** Full Name (Last, First, Middle Initial)  
Monticello Water & Sewer Departments

Mailing Address P.O. Box 384

City Monticello State IN Zip Code 47960-

Purpose of Disbursement  
water bill

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90713.E8626

Date of Disbursement

06 / 17 / 2009

Amount of Each Disbursement this Period

35.04

WATER BILL

**B.** Full Name (Last, First, Middle Initial)  
Morgan, Meredith & Assoc.

Mailing Address 2875 Towerview Road  
Suite 100

City Herndon State VA Zip Code 20171-

Purpose of Disbursement  
fundraiser consultant

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90626.E8539

Date of Disbursement

05 / 14 / 2009

Amount of Each Disbursement this Period

3250.00

FUNDRAISER CONSULTANT

**C.** Full Name (Last, First, Middle Initial)  
Nipsco

Mailing Address P.O. Box 13007

City Merrillville State IN Zip Code 46411-

Purpose of Disbursement  
electric bill

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 90512.E8488

Date of Disbursement

04 / 02 / 2009

Amount of Each Disbursement this Period

201.24

ELECTRIC BILL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3486.28

**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)  
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Nipsco	Transaction ID: 90626.E8532
	Mailing Address P.O. Box 13007	Date of Disbursement 05 / 08 / 2009
	City Merrillville State IN Zip Code 46411-	Amount of Each Disbursement this Period 173.90
	Purpose of Disbursement electric bill	ELECTRIC BILL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Nipsco	Transaction ID: 90713.E8614
	Mailing Address P.O. Box 13007	Date of Disbursement 06 / 17 / 2009
	City Merrillville State IN Zip Code 46411-	Amount of Each Disbursement this Period 67.96
	Purpose of Disbursement electric bill	ELECTRIC BILL
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Paypal	Transaction ID: 90713.E8653
	Mailing Address	Date of Disbursement 06 / 30 / 2009
	City State Zip Code	Amount of Each Disbursement this Period 90.00
	Purpose of Disbursement monthly fees	MONTHLY FEES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

331.86

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 62 / 72

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Pekin Insurance Company	<b>Transaction ID:</b> 90512.E8486	
	Mailing Address 2505 Court Street	Date of Disbursement 04 / 02 / 2009	
	City Pekin State IL Zip Code 61558-	Amount of Each Disbursement this Period 52.00	
	Purpose of Disbursement rent insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type RENT INSURANCE	
<b>B.</b>	Full Name (Last, First, Middle Initial) Pekin Insurance Company	<b>Transaction ID:</b> 90512.E8484	
	Mailing Address 2505 Court Street	Date of Disbursement 04 / 02 / 2009	
	City Pekin State IL Zip Code 61558-	Amount of Each Disbursement this Period 249.00	
	Purpose of Disbursement rent insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type RENT INSURANCE	
<b>C.</b>	Full Name (Last, First, Middle Initial) Postmaster	<b>Transaction ID:</b> 90512.E8485	
	Mailing Address 125 W. Broadway	Date of Disbursement 04 / 09 / 2009	
	City Monticello State IN Zip Code 47960-	Amount of Each Disbursement this Period 54.00	
	Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type POSTAGE	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

355.00

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 125 W. Broadway  City Monticello State IN Zip Code 47960- Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90512.E8524 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 42.00  POSTAGE
<b>B.</b>	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 125 W. Broadway  City Monticello State IN Zip Code 47960- Purpose of Disbursement postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90713.E8633 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 11.00  POSTAGE
<b>C.</b>	Full Name (Last, First, Middle Initial) Progressive  Mailing Address 107 W. Broadway P.O. Box 752  City Monticello State IN Zip Code 47960- Purpose of Disbursement auto insurance Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 90626.E8537 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 338.00  AUTO INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

391.00

**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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Q Graphics Mailing Address 108 E. Main St. P.O. Box 180 City Delphi State IN Zip Code 46923- Purpose of Disbursement printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8509 Date of Disbursement 04 / 15 / 2009
	Amount of Each Disbursement this Period 1808.30 PRINTING EXPENSE

<b>B.</b> Full Name (Last, First, Middle Initial) Super Test Service Stations Mailing Address 305 W. Broadway Street City Monticello State IN Zip Code 47960- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90512.E8507 Date of Disbursement 04 / 09 / 2009
	Amount of Each Disbursement this Period 36.58 GASOLINE

<b>C.</b> Full Name (Last, First, Middle Initial) Super Test Service Stations Mailing Address 305 W. Broadway Street City Monticello State IN Zip Code 47960- Purpose of Disbursement gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90626.E8578 Date of Disbursement 05 / 15 / 2009
	Amount of Each Disbursement this Period 176.36 GASOLINE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2021.24
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Super Test Service Stations</p> <p>Mailing Address 305 W. Broadway Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8623</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="116.21"/></p> <p><b>GASOLINE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Stationairs Express</p> <p>Mailing Address 224 North Main Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement office furniture</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8615</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1486.30"/></p> <p><b>OFFICE FURNITURE</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tippecanoe Republican Central Committee</p> <p>Mailing Address 839 Main St. Suite 101</p> <p>City Lafayette State IN Zip Code 47901-</p> <p>Purpose of Disbursement advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8536</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="180.00"/></p> <p><b>ADVERTISEMENT</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1782.51"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) USAA Credit Card	Transaction ID: 90512.E8518 Date of Disbursement MM / DD / YYYY 04 / 16 / 2009
	Mailing Address 10750 McDermott Fwy	Amount of Each Disbursement this Period 276.04
	City San Antonio State TX Zip Code 78288-	
	Purpose of Disbursement see below	SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) USAA Credit Card	Transaction ID: 90626.E8540 Date of Disbursement MM / DD / YYYY 05 / 15 / 2009
	Mailing Address 10750 McDermott Fwy	Amount of Each Disbursement this Period 392.35
	City San Antonio State TX Zip Code 78288-	
	Purpose of Disbursement see below	SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) USAA Credit Card	Transaction ID: 90713.E8616 Date of Disbursement MM / DD / YYYY 06 / 17 / 2009
	Mailing Address 10750 McDermott Fwy	Amount of Each Disbursement this Period 738.04
	City San Antonio State TX Zip Code 78288-	
	Purpose of Disbursement see below	SEE BELOW
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1406.43
<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)

<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)  
Hoosiers Supporting Buyer For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Staples Mailing Address 3500 St. Rd. 38., Suite 300 City Lafayette State IN Zip Code 47905- Purpose of Disbursement office equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90713.E8620 Date of Disbursement 06 / 17 / 2009 Amount of Each Disbursement this Period 453.65 [MEMO ITEM] MEMO: OFFICE EQUIPMENT	
<b>B.</b>	Full Name (Last, First, Middle Initial) Target Mailing Address City Lafayette State IN Zip Code 47905- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90713.E8619 Date of Disbursement 06 / 17 / 2009 Amount of Each Disbursement this Period 22.42 [MEMO ITEM] MEMO: OFFICE SUPPLIES	
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 630024 City Lafayette State IN Zip Code 47901- Purpose of Disbursement cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90713.E8622 Date of Disbursement 06 / 17 / 2009 Amount of Each Disbursement this Period 185.55 [MEMO ITEM] MEMO: CELL PHONE	

**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)  
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90512.E8487 Date of Disbursement 04 / 02 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 58.47
	City Lafayette State IN Zip Code 47901-	
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90626.E8530 Date of Disbursement 05 / 08 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 76.68
	City Lafayette State IN Zip Code 47901-	
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90626.E8531 Date of Disbursement 05 / 08 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 60.07
	City Lafayette State IN Zip Code 47901-	
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

SUBTOTAL of Disbursements This Page (optional) ..... ▶

195.22

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)

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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)  
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90626.E8529 Date of Disbursement 05 / 08 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 101.90
	City Lafayette State IN Zip Code 47901-	
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90626.E8597 Date of Disbursement 05 / 22 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 106.90
	City Lafayette State IN Zip Code 47901-	
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90713.E8625 Date of Disbursement 06 / 17 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 65.07
	City Lafayette State IN Zip Code 47901-	
	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CELL PHONE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

273.87

**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)

<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)  
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90713.E8624 Date of Disbursement MM / DD / YYYY 06 / 17 / 2009
	Mailing Address P.O. Box 630024	Amount of Each Disbursement this Period 63.33
	City Lafayette State IN Zip Code 47901-	
	Purpose of Disbursement cell phone	CELL PHONE
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Vogel Management	Transaction ID: 90512.E8483 Date of Disbursement MM / DD / YYYY 04 / 01 / 2009
	Mailing Address P.O. Box 987	Amount of Each Disbursement this Period 250.00
	City Monticello State IN Zip Code 47960-	
	Purpose of Disbursement April rent	APRIL RENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Vogel Management	Transaction ID: 90626.E8601 Date of Disbursement MM / DD / YYYY 05 / 01 / 2009
	Mailing Address P.O. Box 987	Amount of Each Disbursement this Period 250.00
	City Monticello State IN Zip Code 47960-	
	Purpose of Disbursement May rent	MAY RENT
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>563.33</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)

<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)  
Hoosiers Supporting Buyer For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) White County GOP</p> <p>Mailing Address</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement golf/hole sponsor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90713.E8634 <b>Date of Disbursement</b> 06 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>GOLF/HOLE SPONSOR</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Eric Woolf</p> <p>Mailing Address 200 North Main Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90512.E8482 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 795.00</p> <p>PAYROLL</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Eric Woolf</p> <p>Mailing Address 200 North Main Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90626.E8611 <b>Date of Disbursement</b> 05 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 795.00</p> <p>PAYROLL</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1940.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Eric Woolf

Transaction ID: 90713.E8613  
Date of Disbursement

Mailing Address 200 North Main Street

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

City State Zip Code  
Monticello IN 47960-

Amount of Each Disbursement this Period

795.00
--------

Purpose of Disbursement  
payroll

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

795.00
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TOTAL This Period (last page this line number only) ..... ▶

47696.54
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