

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Souder for Congress, Inc.

ADDRESS (number and street) PO Box 40233

Check if different than previously reported. (ACC)

Fort Wayne IN 46804 0233

2. **FEC IDENTIFICATION NUMBER** C00285189

CITY STATE ZIP CODE STATE DISTRICT

IN 03

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 11 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer JEFFREY TURNER

Signature of Treasurer Electronically Filed by JEFFREY TURNER Date 03 26 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

Write or Type Committee Name

Souder for Congress, Inc.

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1160.00	3760.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1160.00	3760.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30287.06	34371.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30287.06	34371.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15704.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	8954.44	

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

Write or Type Committee Name
Souder for Congress, Inc.

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

500.00

3050.00

(ii) Unitemized.....

160.00

210.00

(iii) TOTAL of contributions

660.00

3260.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

500.00

500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

1160.00

3760.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

0.00

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

0.00

0.00

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

1160.00

3760.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30287.06	34371.91
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	30287.06	34371.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	44832.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1160.00
25. SUBTOTAL (add Line 23 and Line 24).....	45992.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	30287.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15704.96

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 14	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Lee Weingart		Date of Receipt
	Mailing Address 16000 Aldersyde Drive		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Shaker Heights	OH	44120-2507
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer LNE Group		Occupation	Transaction ID: A-C26955
		President	
Receipt For: 2010		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="500.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) LNE Group LLC PAC		Date of Receipt		
	Mailing Address 1220 Huron Road E Suite 2		M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 8		
	City Cleveland	State OH	Zip Code 44115-1711	Transaction ID: A-C26956	
	FEC ID number of contributing federal political committee. C C00443234		Amount of Each Receipt this Period 500.00		
	Name of Employer	Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: B-S-3919 Date of Disbursement 12 / 03 / 2008
	Mailing Address PO Box 9001310	Amount of Each Disbursement this Period 272.84
	City Louisville State KY Zip Code 40290-1310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Janay Pillie(12/03/08)
	Purpose of Disbursement Phone Repair Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: B-E-26972 Date of Disbursement 12 / 23 / 2008
	Mailing Address PO Box 9001310	Amount of Each Disbursement this Period 1424.84
	City Louisville State KY Zip Code 40290-1310	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phone Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: B-E-27012 Date of Disbursement 12 / 03 / 2008
	Mailing Address 610 Gateway Center Way Suite K	Amount of Each Disbursement this Period 525.00
	City San Diego State CA Zip Code 92102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software Support Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1949.84
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)
Souder for Congress, Inc.

A. Complete Campaigns

Full Name (Last, First, Middle Initial)

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102

Purpose of Disbursement Software Support

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-27013
Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Don Hall's Guesthouse

Full Name (Last, First, Middle Initial)

Mailing Address 1313 W Washington Center Road

City Fort Wayne State IN Zip Code 46825-4142

Purpose of Disbursement breakfast charges

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District: G2008

Transaction ID: B-E-26906
Date of Disbursement

12 / 03 / 2008

Amount of Each Disbursement this Period

613.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Ferguson Advertising

Full Name (Last, First, Middle Initial)

Mailing Address 803 S Calhoun Street

City Fort Wayne State IN Zip Code 46802-2319

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

Transaction ID: B-E-26959
Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

1706.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2345.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Mike Gula & Associates Mailing Address 700 12th Street NW Suite 700 City Washington State DC Zip Code 20005-4052 Purpose of Disbursement fundraising services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26913 Date of Disbursement 12 / 10 / 2008 Amount of Each Disbursement this Period 1852.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mike Gula & Associates Mailing Address 700 12th Street NW Suite 700 City Washington State DC Zip Code 20005-4052 Purpose of Disbursement Fundraising Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26958 Date of Disbursement 12 / 10 / 2008 Amount of Each Disbursement this Period 20296.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Paige's Mailing Address P.O. Box 412 12622 Alexander Drive City Granger State IN Zip Code 46530 Purpose of Disbursement t shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2008	Transaction ID: B-E-26907 Date of Disbursement 12 / 03 / 2008 Amount of Each Disbursement this Period 265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

22413.64

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 10 / 14

<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)
Souder for Congress, Inc.

A.	Full Name (Last, First, Middle Initial) Tazian Properties <hr/> Mailing Address 10104 Woodland Plaza Cove <hr/> City Fort Wayne State IN Zip Code 46825-1565 <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26939 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Verizon <hr/> Mailing Address PO Box 31122 <hr/> City Tampa State FL Zip Code 33631-3122 <hr/> Purpose of Disbursement office phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ G2008	Transaction ID: B-E-26908 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 299.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Janay Pillie <hr/> Mailing Address 6528 Pawawna Drive <hr/> City Fort Wayne State IN Zip Code 46815-6338 <hr/> Purpose of Disbursement Reimbursement Phone Repair Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-26957 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 272.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) ▶

1071.90

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)
Souder for Congress, Inc.

<p>A. Full Name (Last, First, Middle Initial) Shannon Stroik</p> <p>Mailing Address 4932 Long Canon Place</p> <p>City Fort Wayne State IN Zip Code 46804-6534</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</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-26938</p> <p>Date of Disbursement 11 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 757.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Shannon Stroik</p> <p>Mailing Address 4932 Long Canon Place</p> <p>City Fort Wayne State IN Zip Code 46804-6534</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</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-26964</p> <p>Date of Disbursement 12 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 757.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Shannon Stroik</p> <p>Mailing Address 4932 Long Canon Place</p> <p>City Fort Wayne State IN Zip Code 46804-6534</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</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-26965</p> <p>Date of Disbursement 12 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 757.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2272.50

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

30052.97

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Souder for Congress, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): office phones
Mailing Address PO Box 31122			
City Tampa	State FL	ZIP Code 33631-3122	

Outstanding Balance Beginning This Period <input type="text" value="299.06"/>		Transaction ID: SD10-DEBT26908	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="299.06"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Don Hall's Guesthouse			Nature of Debt (Purpose): Fundraising: breakfast charges
Mailing Address 1313 W Washington Center Road			
City Fort Wayne	State IN	ZIP Code 46825-4142	

Outstanding Balance Beginning This Period <input type="text" value="613.85"/>		Transaction ID: SD10-DEBT26906	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="613.85"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mike Gula & Associates			Nature of Debt (Purpose): Fundraising: fundraising services
Mailing Address 700 12th Street NW Suite 700			
City Washington	State DC	ZIP Code 20005-4052	

Outstanding Balance Beginning This Period <input type="text" value="1852.64"/>		Transaction ID: SD10-DEBT26913	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1852.64"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 / 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Souder for Congress, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stevens Reed Curcio & Potholm	Nature of Debt (Purpose): Advertising: tv production costs
Mailing Address 201 N Union Street Suite 200	
City State ZIP Code Alexandria VA 22314-2651	

Outstanding Balance Beginning This Period 1501.00	Transaction ID: SD10-DEBT26904	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1501.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Winston Group	Nature of Debt (Purpose): Polling: polling charges
Mailing Address 101 Constitution Avenue NW Suite 710	
City State ZIP Code Washington DC 20001-2133	

Outstanding Balance Beginning This Period 7000.00	Transaction ID: SD10-DEBT26914	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Acme Printing Inc.	Nature of Debt (Purpose): Paraphernalia: design charges for card
Mailing Address 632 W Superior Street	
City State ZIP Code Fort Wayne IN 46802-1019	

Outstanding Balance Beginning This Period 44.59	Transaction ID: SD10-DEBT26905	
Amount Incurred This Period 0.00	Payment This Period 44.59	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	8501.00
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 / 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Souder for Congress, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paige's	Nature of Debt (Purpose): Paraphernalia: t shirts
Mailing Address P.O. Box 412 12622 Alexander Drive	
City State ZIP Code Granger IN 46530	

Outstanding Balance Beginning This Period 265.00	Transaction ID: SD10-DEBT26907	
Amount Incurred This Period 0.00	Payment This Period 265.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fort Wayne Marriott Hotel	Nature of Debt (Purpose): Campaign Event: election night event
Mailing Address 305 W Washington Center Road	
City State ZIP Code Fort Wayne IN 46825-4313	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD10-DEBT26917	
Amount Incurred This Period 453.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 453.44

1) SUBTOTALS This Period This Page (optional).....	453.44
2) TOTALS This Period (last page this line number only).....	8954.44
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	8954.44