

**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

Friends of Mike Sodrel

ADDRESS (number and street)

702 North Shore Drive, Suite 500

Check if different than previously reported. (ACC)

Jeffersonville

IN

47130

2. **FEC IDENTIFICATION NUMBER**

C00387369

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW OR  AMENDED (A)

IN 9

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 11 02 2004 in the State of IN

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

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2004 through 10 13 2004

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 J. Patrick Byrne

Signature of Treasurer Electronically Filed by J. Patrick Byrne Date 10 21 2004

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

Office  
Use  
Only

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Mike Sodrel

Report Covering the Period: From: <sup>M M</sup> 1 0 <sup>D D</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 4 To: <sup>V M</sup> 1 0 <sup>D D</sup> 1 3 <sup>Y Y Y Y</sup> 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	44113.87	744966.75
(b) Total Contribution Refunds (from Line 20(d)).....	2100.00	2600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42013.87	742366.75
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	196743.85	728327.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2167.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	196743.85	726160.44
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	267236.31	
<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>	251000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Friends of Mike Sodrel

Report Covering the Period: From: <sup>M M</sup> 1 0 <sup>D J</sup> 0 1 <sup>Y Y Y</sup> 2 0 0 4 To: <sup>V V</sup> 1 0 <sup>U J</sup> 1 3 <sup>Y Y Y</sup> 2 0 0 4

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	21735.88	
(i) Itemized (use Schedule A).....	3602.99	
(ii) Unitemized.....		
(iii) TOTAL of contributions	25338.87	586871.75
from individuals..... ▶		
(b) Political Party Committees.....	5000.00	19650.00
(c) Other Political Committees (such as PACS).....	13775.00	136475.00
(d) The Candidate.....	0.00	2000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	44113.87	744996.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	250000.00	252000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	250000.00	252000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	2167.30
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)..... ▶	294113.87	999164.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	196743.85	728327.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1000.00
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2100.00	2100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2100.00	2600.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	<b>198843.85</b>	<b>731927.74</b>

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	171966.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	294113.87
25. SUBTOTAL (add Line 23 and Line 24).....	466080.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	198843.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	267236.31

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

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

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Ms Beverly A. Bagshaw</b>		Date of Receipt M / D / Y 10 / 09 / 2004
Mailing Address 17808 Mt. Grove Road		Transaction ID: SA11A1.8944
City Henryville	State IN	Zip Code 47126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Bagshaw Trucking	Occupation Owner	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Patricia Brown</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 319 Kettle Bottom Road		Transaction ID: SA11A1.8911
City New Washington	State IN	Zip Code 47162
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Homemaker	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Mary E. Byrne</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 7434 Kensington Road		Transaction ID: SA11A1.8909
City Lanesville	State IN	Zip Code 47138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Business Owner	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 6 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. E. Wayne Carter</b>		Date of Receipt M / D / Y 10 / 02 / 2004
Mailing Address 320 East Park Place		Transaction ID: SA11A1.8807
City Jeffersonville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 8.66
Name of Employer Friends of Mike Sodrel	Occupation Administration	In-kind - Office Supplies Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 730.01	

Full Name (Last, First, Middle Initial) <b>B. Mr. E. Wayne Carter</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 320 East Park Place		Transaction ID: SA11A1.8725
City Jeffersonville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 36.50
Name of Employer Friends of Mike Sodrel	Occupation Administration	In-kind - Office Supplies Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 788.51	

Full Name (Last, First, Middle Initial) <b>C. Mr. E. Wayne Carter</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 320 East Park Place		Transaction ID: SA11A1.8824
City Jeffersonville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Friends of Mike Sodrel	Occupation Administration	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 818.51	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>95.18</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. E. Wayne Carter</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 320 East Park Place		Transaction ID: SA11A1.8809
City Jeffersville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 12.59
Name of Employer Friends of Mike Sodrel	Occupation Administration	In-kind - Office Supplies Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 829.10	

Full Name (Last, First, Middle Initial) <b>B. Mr. Ken Coyle</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 8495 Marina Drive		Transaction ID: SA11A1.8781
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer McCaughey, Nicolas & Company	Occupation CPA	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. William D. Crosby, III</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 403 Regency Ct Apt 5		Transaction ID: SA11A1.8880
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Ogden Newell & Welch	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2212.59</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. D. J. Denny</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 3112 Kinvara Lane		Transaction ID: SA11A1.8850
City Louisville	State KY	Zip Code 40242
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Denny Transport	Occupation Owner	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Richard C. DeYoung</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 13273 Fillmore Street		Transaction ID: SA11A1.8822
City Crown Point	State IN	Zip Code 46307-9110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Motor Coach Industries	Occupation Sales	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Craig C. Diger</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1129 Cherokee Road		Transaction ID: SA11A1.8874
City Louisville	State KY	Zip Code 40204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Ogden Newell & Welch	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mrs. Deborah Embry</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 1000 Kelley's Ridge Road		Transaction ID: SA11A1.8813
City New Albany	State IN	Zip Code 47150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Self Employed	Occupation Business Owner	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Harold G. Goodlett, Sr.</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 843 Monroe Street		Transaction ID: SA11A1.8887
City Charlestown	State IN	Zip Code 47111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jack D. Haywood</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 3071 Cobblers Crossing		Transaction ID: SA11A1.8856
City New Albany	State IN	Zip Code 47150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Pro Laminators	Occupation Owner	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2125.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. John Wade Hendricks</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 508 Penwood Road		Transaction ID: SA11A1.8870
City Louisville	State KY	Zip Code 40206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Ogden, Newell & Welch, PL- LC	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Nancy K. Hillenbrand</b>		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 334 N. Huntersville Road		Transaction ID: SA11A1.8800
City Batesville	State IN	Zip Code 47006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1921.54
Name of Employer None	Occupation Homemaker	In-kind - Fund Raiser Sup- plies Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1921.54	

Full Name (Last, First, Middle Initial) <b>C. Mr. W. August Hillenbrand</b>		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 334 N. Huntersville Road		Transaction ID: SA11A1.8809
City Batesville	State IN	Zip Code 47006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1958.59
Name of Employer None	Occupation Retired	In-kind - Fundraiser Supp- lies & Insurance Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1958.59	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4878.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. John R. Holland</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address P. O. Box 143		Transaction ID: SA11A1.8854
City Moore Hill	State IN	Zip Code 47032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Randy Hubbard</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 201 White Pine Blvd.		Transaction ID: SA11A1.8912
City New Albany	State IN	Zip Code 47150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Floyd County Indiana	Occupation Sheriff	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Kathryn S. Hutchens</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1919 State Street, Suite #46D		Transaction ID: SA11A1.8857
City New Albany	State IN	Zip Code 47150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Physician	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mrs. Henrietta Leonard</b>		Date of Receipt M / D / Y 10 / 06 / 2004
Mailing Address 574B Lentzier Trace		Transaction ID: SA11A1.8965
City Jeffersville	State IN	Zip Code 47130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer American Commercial Barge Line	Occupation Cashier	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Ms Mary L. Locke</b>		Date of Receipt M / D / Y 10 / 06 / 2004
Mailing Address 220D Greentree North, Apt. 2120		Transaction ID: SA11A1.8955
City Clarksville	State IN	Zip Code 47129
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Charles L. Lynch</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 114D Georgetown-Lanesville Road		Transaction ID: SA11A1.8855
City Georgetown	State IN	Zip Code 47122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer UPS	Occupation Pilot	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Ms Sharon A. Mattingly</b>		Date of Receipt M O / D O / Y Y Y Y 10 / 13 / 2004
Mailing Address 205 N. Hubbards Lane		Transaction ID: SA11A1.8878
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Ogden Nexell & Welch	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank H. Monroe</b>		Date of Receipt M O / D O / Y Y Y Y 10 / 08 / 2004
Mailing Address 595 Industrial		Transaction ID: SA11A1.8934
City State Zip Code New Albany IN 47150-2246	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 685.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Lee Pleper</b>		Date of Receipt M O / D O / Y Y Y Y 10 / 13 / 2004
Mailing Address 1101 Alta Vista Road		Transaction ID: SA11A1.8782
City State Zip Code Louisville KY 40205	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer McCauley, Nicolas & Company	Occupation CPA	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. William A. Rakoczy</b>		Date of Receipt M O / D O / Y Y Y Y 10 / 12 / 2004
Mailing Address 210 W. Scott Street, Apt. B		Transaction ID: SA11A1.8905
City State Zip Code Chicago IL 60610	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer Rakoczy Michael Mazzeochi, LLP Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 2000.00	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)

Full Name (Last, First, Middle Initial) <b>B. Mr. David J. Reinhardt</b>		Date of Receipt M O / D O / Y Y Y Y 10 / 08 / 2004
Mailing Address 3003 Old Tay Bridge		Transaction ID: SA11A1.8819
City State Zip Code Jeffersonville IN 47130	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00
Name of Employer Sunnyside Realty, Inc. Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Developer Election Cycle-to-Date ▼ 510.00	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)

Full Name (Last, First, Middle Initial) <b>C. Mr. Kandrek Riggs</b>		Date of Receipt M O / D O / Y Y Y Y 10 / 13 / 2004
Mailing Address 1812 Round Ridge Road		Transaction ID: SA11A1.8872
City State Zip Code Louisville KY 40207	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Ogden Newell & Welch Receipt For: 2004 Primary X General Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3050.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mr. Walter Sales</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 1907 Daleview Lane		Transaction ID: SA11A1.8877
City	State	Zip Code
Louisville	KY	40207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Cameron Savage</b>		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 530 Lansdowne Road		Transaction ID: SA11A1.8898
City	State	Zip Code
Indianapolis	IN	46224
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Naples for Congress	Occupation Campaign Director	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Joan G. Thomas</b>		Date of Receipt M / D / Y 10 / 09 / 2004
Mailing Address 7198 Navilleton Road		Transaction ID: SA11A1.8942
City	State	Zip Code
Floyds Knobs	IN	47119
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer None	Occupation Retired	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 16 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Mrs. Jean Lee Treitz</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 521D Tomahawk Road		Transaction ID: SA11A1.8986
City Louisville	State KY	Zip Code 40207-1643
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer None	Occupation Homemaker	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. John G. Treitz, Sr.</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 521D Tomahawk Road		Transaction ID: SA11A1.8986
City Louisville	State KY	Zip Code 40207-1643
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer John Treitz & Sons	Occupation Real Estate	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. R. Gregory Treitz</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 184 Arrowhead Road		Transaction ID: SA11A1.8881
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ogden Newell & Welch	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
TOTAL This Period (last page this line number only) .....	



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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Ms Lisa Ann Vogt</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 423 University Avenue		Transaction ID: SA11A1.8868
City Louisville	State KY	Zip Code 40206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Y. Peyton Wells, III</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 802 Dupont Road		Transaction ID: SA11A1.8851
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Business Owner	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Ernest W. Williams</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 210 Daleview Lane		Transaction ID: SA11A1.8875
City Louisville	State KY	Zip Code 40207
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ogden, Newell & Welch	Occupation Attorney	Individual Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>21735.88</b>

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

Use separate schedule(s)  
 or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full) Friends of Mike Sodrel	
Full Name (Last, First, Middle Initial) <b>A. Republican State Committee of PA</b> Mailing Address 112 State Street <hr/> City State Zip Code Harrisburg PA 17101 <hr/> FEC ID number of contributing federal political committee. <b>C C00367003</b>	Date of Receipt M / D / Y U / S / A 10 / 08 / 2004 <hr/> Transaction ID: SA11B.8829 <hr/> Amount of Each Receipt this Period 5000.00 <hr/> Political Party Contribu- tion Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1)
Name of Employer <hr/> Receipt For: 2004 Primary X General Other (specify) ▼	Occupation <hr/> Election Cycle-to-Date ▼ 5000.00

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

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 10 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. BUSINESS INDUSTRY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 888 SIXTEENTH STREET NW SUITE 305		Transaction ID: SA11C.8998
City	State	Zip Code
WASHINGTON	DC	20006
FEC ID number of contributing federal political committee. <b>C</b> C00001727		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	PAC Contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) <b>B. COBLE FOR CONGRESS</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address PO Box 1177 PO Box 1177		Transaction ID: SA11C.8831
City	State	Zip Code
Greensboro	NC	27402
FEC ID number of contributing federal political committee. <b>C</b> CD0198798		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Committee Contribution
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE FOR THE PRESERVATION OF CAPITALISM</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address P.O. Box 22814		Transaction ID: SA11C.87B4
City	State	Zip Code
Alexandria	VA	22304
FEC ID number of contributing federal political committee. <b>C</b> CD0328488		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	PAC Contri - Refunded \$2,- 000 10/5/04
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional) .....	7000.00
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Terry Jones</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 311 Bank Street		Transaction ID: SA11C.8828
City New Albany	State IN	Zip Code 47150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	Committee Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>B. ESSROC CEMENT CORP POLITICAL ACTION COMMITTEE ESSROC PAC</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 3251 BATH PIKE		Transaction ID: SA11C.8788
City NAZARETH	State PA	Zip Code 18064
FEC ID number of contributing federal political committee. <b>C CD0332775</b>		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	PAC Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SAM JOHNSON</b>		Date of Receipt M / D / Y 10 / 09 / 2004
Mailing Address 1811 Avenue K		Transaction ID: SA11C.8935
City Plano	State TX	Zip Code 75074
FEC ID number of contributing federal political committee. <b>C CD0250720</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Committee Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1275.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 21 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) <b>A. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 1295 State Street		Transaction ID: SA11C.8817
City Springfield	State MA	Zip Code 01111
FEC ID number of contributing federal political committee. <b>C C00118843</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	PAC Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mike R Fund</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address P O Box 65798		Transaction ID: SA11C.8836
City Washington	State DC	Zip Code 20035
FEC ID number of contributing federal political committee. <b>C CD0370791</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Committee Contribution Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Todd Rokita Eeeton Committee</b>		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address P. O. Box 44125		Transaction ID: SA11C.8903
City Indianapolis	State IN	Zip Code 46244
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Comm Contrib - Refunded \$1000 10/19/2004 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts THs Page (optional) .....	▶	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>13775.00</b>

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

Use separate schedule(s)  
 or each category of the  
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FOR LINE NUMBER: PAGE 22 / 30

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial) A. Michael E. Sodrel		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 300B E. Lobo Ridge		Transaction ID: SA13A.8780
City New Albany.	State IN	Zip Code 47150
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250000.00
Name of Employer Sodrel Truck Lines, Inc.	Occupation CEO	Loan from Candidate Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)/441a-1)
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 254000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250000.00
TOTAL This Period (last page this line number only) .....	▶	250000.00

**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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address P O Box 360002

City Ft Lauderdale State FL Zip Code 33336-0002

Purpose of Disbursement  
Internet, Subscription, Travel, Telephone

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

1151.16

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

Full Name (Last, First, Middle Initial)

**B.** Conference America, Inc.

Mailing Address c/o American Express

City Ft Lauderdale State FL Zip Code 33336-0002

Purpose of Disbursement  
Telephone

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728.0

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

10.43

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

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C.** AOL Service

Mailing Address c/o American Express

City Ft Lauderdale State FL Zip Code 33336-0002

Purpose of Disbursement  
Internet

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728.1

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

23.90

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

**[MEMO ITEM]**

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

**1151.16**

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)

**A.** Papa Johns

Mailing Address 1616 East 10th Street

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
Meals

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
Primary X General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728.2

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

217.54

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.** Office Depot, Inc.

Mailing Address 706 Hwy 131 East

City Clarksville State IN Zip Code 47130

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
Primary X General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728.5

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

38.77

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C.** Sheraton New York

Mailing Address c/o American Express

City Ft Lauderdale State FL Zip Code 33336-0002

Purpose of Disbursement  
Lodging

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004  
Primary X General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728.7

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

592.08

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

[MEMO ITEM]

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
**A. Marriott Hotel**

Mailing Address c/o American Express

City Ft. Lauderdale State FL Zip Code 33336

Purpose of Disbursement Beverages

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8728.8  
 Date of Disbursement 10 / 01 / 2004

Amount of Each Disbursement this Period 12.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. St. Regis**

Mailing Address 823 16th Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement Beverages

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8728.9  
 Date of Disbursement 10 / 01 / 2004

Amount of Each Disbursement this Period 5.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
**[MEMO ITEM]**

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

Mailing Address P O Box 380002

City Ft Lauderdale State FL Zip Code 33338-0002

Purpose of Disbursement Fee Assessment

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8728.10  
 Date of Disbursement 10 / 01 / 2004

Amount of Each Disbursement this Period 28.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  
**[MEMO ITEM]**

**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)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

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

Mailing Address P O Box 360002

City Ft Lauderdale State FL Zip Code 33336-0002

Purpose of Disbursement  
Finance Charge

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8728.11  
Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

26.87

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

[MEMO ITEM]

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

Mailing Address 605 North Shore Drive, Suite 201

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
Consulting Service - Fund Raising

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8751  
Date of Disbursement

10 / 08 / 2004

Amount of Each Disbursement this Period

2500.00

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

Full Name (Last, First, Middle Initial)  
C. Mr. E. Wayne Carter

Mailing Address 320 East Park Place

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
In-kind - Office Supplies

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8808  
Date of Disbursement

10 / 02 / 2004

Amount of Each Disbursement this Period

8.86

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

SUBTOTAL of Disbursements This Page (optional) ▶

2508.66

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

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 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
**A. Mr. E. Wayne Carter**

Mailing Address 320 East Park Place

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
 In-kind - Office Supplies

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8726  
 Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

36.50

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

Full Name (Last, First, Middle Initial)  
**B. Mr. E. Wayne Carter**

Mailing Address 320 East Park Place

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
 Postage, Mileage, Office Supplies, Telep

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8747  
 Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

374.70

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

Full Name (Last, First, Middle Initial)  
**C. Mr. E. Wayne Carter**

Mailing Address 320 East Park Place

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
 In-kind - Office Supplies

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8810  
 Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

12.58

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

SUBTOTAL of Disbursements This Page (optional) ▶

423.79

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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
A. Community Bank of Southern Indiana

Mailing Address 201 West Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
Payroll Tax Deposit

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8753  
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

2810.88

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

Full Name (Last, First, Middle Initial)  
B. Cybertek Engineering

Mailing Address 825 Northgate Blvd., Suite 203

City New Albany State IN Zip Code 47150

Purpose of Disbursement  
Computer Supplies

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8748  
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

62.54

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

Full Name (Last, First, Middle Initial)  
C. Cybertek Engineering

Mailing Address 825 Northgate Blvd., Suite 203

City New Albany State IN Zip Code 47150

Purpose of Disbursement  
Computers & Cable Installation

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8770  
Date of Disbursement

10 / 12 / 2004

Amount of Each Disbursement this Period

2316.20

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

SUBTOTAL of Disbursements This Page (optional) ▶

4989.62

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)

**A.** Free Enterprise Systems

Mailing Address One Sodrel Drive

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8745

Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

2289.21

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

Full Name (Last, First, Middle Initial)

**B.** Mrs. Nancy K. Hillenbrand

Mailing Address 334 N. Huntersville Road

City Batesville State IN Zip Code 47006

Purpose of Disbursement  
In-kind - Fund Raiser Supplies

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8802

Date of Disbursement

10 / 12 / 2004

Amount of Each Disbursement this Period

1921.54

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

Full Name (Last, First, Middle Initial)

**C.** Mr. W. August Hillenbrand

Mailing Address 334 N. Huntersville Road

City Batesville State IN Zip Code 47006

Purpose of Disbursement  
In-kind - Fundraiser Supplies & Insurance

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8805

Date of Disbursement

10 / 12 / 2004

Amount of Each Disbursement this Period

1956.58

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

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

**6167.34**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
A. Indiana Department of Revenue

Mailing Address P. O. Box 7221

City Indianapolis State IN Zip Code 46207-7221

Purpose of Disbursement  
Withholding taxes

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8752

Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

529.82

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

Full Name (Last, First, Middle Initial)  
B. Indiana University

Mailing Address Ogle Center

City New Albany State IN Zip Code 47150

Purpose of Disbursement  
Facility Charge & Catering

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8771

Date of Disbursement

10 / 12 / 2004

Amount of Each Disbursement this Period

1172.30

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

Full Name (Last, First, Middle Initial)  
C. Jasper Herald

Mailing Address 218 East 4th Street

City Jasper State IN Zip Code 47548

Purpose of Disbursement  
Advertising

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
Type

Transaction ID: SB17.8784

Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

1098.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2799.92

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

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

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
**A. North Vernon Plain Dealer**

Mailing Address 528 East O & M Avenue

City North Vernon State IN Zip Code 47265

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8760  
 Date of Disbursement 10 / 07 / 2004

Amount of Each Disbursement this Period 718.20

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

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

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8727  
 Date of Disbursement 10 / 01 / 2004

Amount of Each Disbursement this Period 185.00

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

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

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8757  
 Date of Disbursement 10 / 05 / 2004

Amount of Each Disbursement this Period 3450.00

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

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4353.20**

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

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

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

FOR LINE NUMBER:  
 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
**A. Mr. Thomas J. Powers**

Mailing Address 1350 Voelker Drive NE

City Lanesville State IN Zip Code 47136

Purpose of Disbursement  
 Mileage & Parade Candy

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8773  
 Date of Disbursement  
 10 / 12 / 2004

Amount of Each Disbursement this Period  
 219.27  
 Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

Mailing Address Bill Payment Center

City Chicago State IL Zip Code 60663-0001

Purpose of Disbursement  
 Telephone

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8789  
 Date of Disbursement  
 10 / 12 / 2004

Amount of Each Disbursement this Period  
 209.06  
 Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

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

Mailing Address 100 St. Louis Avenue

City Seymour State IN Zip Code 47274

Purpose of Disbursement  
 Advertising

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8792  
 Date of Disbursement  
 10 / 07 / 2004

Amount of Each Disbursement this Period  
 1378.44  
 Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **1794.77**

**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
	20a		20b		20c		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)  
 Friends of Mike Sodrel

**A.** Full Name (Last, First, Middle Initial)  
 Strategic Media Services, Inc.

Mailing Address 1023 31st NW 4th Floor

City Washington State DC Zip Code 20007

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8776  
 Date of Disbursement 10 / 04 / 2004

Amount of Each Disbursement this Period 5956.96

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

**B.** Full Name (Last, First, Middle Initial)  
 Strategic Media Services, Inc.

Mailing Address 1023 31st NW 4th Floor

City Washington State DC Zip Code 20007

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8779  
 Date of Disbursement 10 / 07 / 2004

Amount of Each Disbursement this Period 89295.30

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

**C.** Full Name (Last, First, Middle Initial)  
 Strategic Media Services, Inc.

Mailing Address 1023 31st NW 4th Floor

City Washington State DC Zip Code 20007

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/ Type

Transaction ID: SB17.8777  
 Date of Disbursement 10 / 13 / 2004

Amount of Each Disbursement this Period 55000.00

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

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

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

**150252.26**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
**A. T.K.O. Graphix, Inc.**

Mailing Address 311 Production Drive

City Avon State IN Zip Code 46123-7031

Purpose of Disbursement  
 Collateral Supplies

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8749  
 Date of Disbursement  
 10 / 05 / 2004

Amount of Each Disbursement this Period  
 1804.28

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

Full Name (Last, First, Middle Initial)  
**B. U.S. Department of Health & Human Services**

Mailing Address 200 Independence Avenue SW Rm. 801

City Washington State DC Zip Code 20201

Purpose of Disbursement  
 Security Agent for Fundraiser

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8758  
 Date of Disbursement  
 10 / 07 / 2004

Amount of Each Disbursement this Period  
 222.54

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

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

Mailing Address 1023 31 Street NW 4th Floor

City Washington State DC Zip Code 20007

Purpose of Disbursement  
 Advertising

Candidate Name

Office Sought: House Senate President  
 State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB17.8778  
 Date of Disbursement  
 10 / 01 / 2004

Amount of Each Disbursement this Period  
 8500.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **10526.82**

**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
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)

**A. Upgrade Films**

Mailing Address 1023 31 Street NW 4th Floor

City Washington State DC Zip Code 20007

Purpose of Disbursement  
 Advertising

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: SB17.8756

Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

11000.00

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

Full Name (Last, First, Middle Initial)

**B. Victory Store**

Mailing Address 5200 S. W. 30th Street

City Davenport State IA Zip Code 52802

Purpose of Disbursement  
 Telephone

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: SB17.8750

Date of Disbursement

10 / 07 / 2004

Amount of Each Disbursement this Period

226.31

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

Full Name (Last, First, Middle Initial)

**C. Wall Street U.M.C., Inc.**

Mailing Address 201 East Market Street

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement  
 Rent

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/  
 Type

Transaction ID: SB17.8746

Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

11726.31

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

196693.85

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

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

FOR LINE NUMBER:  
 (check only one)

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

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NAME OF COMMITTEE (In Full)  
 Friends of Mike Sodrel

Full Name (Last, First, Middle Initial)  
**A. COMMITTEE FOR THE PRESERVATION OF CAPITALISM**

Mailing Address P.O. Box 22614

City Alexandria State VA Zip Code 22904

Purpose of Disbursement  
 PAC Refund

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB20C.9005  
 Date of Disbursement  
 10 / 05 / 2004

Amount of Each Disbursement this Period  
 2000.00

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

Full Name (Last, First, Middle Initial)  
**B. Regina Overton for Mayor**

Mailing Address 1008 Wildwood Lane

City New Albany State IN Zip Code 47150

Purpose of Disbursement  
 Contribution Refund

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: 2004  
 Primary X General  
 Other (specify) ▼

Category/  
 Type

Transaction ID: SB20C.8775  
 Date of Disbursement  
 10 / 12 / 2004

Amount of Each Disbursement this Period  
 100.00

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

SUBTOTAL of Disbursements This Page (optional) .....	▶	2100.00
TOTAL This Period (last page this line number only) .....	▶	2100.00

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 37 / 38
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Transaction ID: SC/10.4131

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Michael E. Sodrel, - Personal funds	<b>Election:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 3008 E. Lobo Ridge			
City New Albany State IN ZIP Code 47150			
Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00	

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	05 <sup>th</sup> 22 <sup>nd</sup> 2003	12/31/04	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 38 / 38
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Mike Sodrel

Transaction ID: SC/10.8780

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Michael E. Sodrel	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3008 E. Lobo Ridge	
City New Albany State IN ZIP Code 47150	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	10 <sup>th</sup> 13 <sup>th</sup> 2004	12/31/2005	0.0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>250000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>251000.00</b>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE C-1**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 information found on  
 Page 35 / 39 of Schedule C

Federal Election Commission, Washington, D.C. 20463

Name of Committee (in Full) <b>Friends of Mike Sodrel</b>		<b>FEC IDENTIFICATION NUMBER</b> C00387389	
Back Ref ID: SC10.8780			
LENDING INSTITUTION (LENDER) Full Name Community Bank of Southern Indiana	Amount of Loan  250000.00	Interest Rate (APR)  4.75 %	
Mailing Address 3008 E. Lobo Ridge	Date Incurred or Established  10 13 2004		
City New Albany,	State IN	Zip Code 47150	Date Due 20061215

A. Has loan been restructured?  No  Yes If yes, date originally incurred :

B. If line of credit.  
 Amount of this Draw: 250000.00 Total Outstanding balance : 250000.00

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Sch. C)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: Line of credit secured by stock (Loan agreement copy not required)  
 What is the value of this collateral? 10427552.00  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? 0.00

A depository account must be established pursuant to 11 CFR 100.82 and 100.142.  
 Date account established: \_\_\_\_\_ Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER  
 Typed Name J. Patrick Byrne DATE 10 21 2004  
 Signature \_\_\_\_\_

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of this loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE		DATE
Typed Name	Title	
Signature		