

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -4 P 2:58

1. NAME OF COMMITTEE (in full) Chris Chocola for Congress, Inc.		2. FEC IDENTIFICATION NUMBER C00350926
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 6728		
CITY, STATE and ZIP CODE South Bend, IN 46860	STATE/DISTRICT IN 03	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- | | |
|---|--|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ |
| <input type="checkbox"/> July 15 Quarterly Report | |
| <input type="checkbox"/> October 15 Quarterly Report | <input checked="" type="checkbox"/> Thirtieth day report following the General Election on _____ |
| <input type="checkbox"/> January 31 Year End Report | 11/7/2000 in the State of IN |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This Report Contains Activity For Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period 10/19/2000 through 11/27/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$48,489.89	\$534,007.56
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$620.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$48,489.89	\$533,387.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$255,077.36	\$1,048,584.39
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$255,077.36	\$1,048,584.39
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$35,578.42	For further information contact: Federal Election Commission 699 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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)	\$495,259.13	

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

Type or Print Name of Treasurer James R. Evans	
Signature of Treasurer	Date 11/27/2000

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 8)

Name of Committee (in full) Chris Chocola for Congress, Inc.	C00350926	Report Covering the Period: From: 10/19/2000 To: 11/27/2000
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$21,739.89	11(a)(i)
(ii) Unitemized	\$9,100.00	11(a)(ii)
(iii) Total of Contributions from Individuals	\$30,839.89	\$469,147.78 11(a)(iii)
(b) Political Party Committees	\$5,000.00	\$15,999.28 11(b)
(c) Other Political Committees (such as PACs)	\$12,650.00	\$48,860.50 11(c)
(d) The Candidate	\$0.00	\$0.00 11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(b),(c), and (d))	\$48,489.89	\$534,007.56 11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00 12
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$190,000.00	\$465,000.00 13(a)
(b) All Other Loans	\$0.00	\$0.00 13(b)
(c) TOTAL LOANS (add 13(a) and (b))	\$190,000.00	\$465,000.00 13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00 14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$2,126.72 15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	\$238,489.89	\$1,001,134.28 16
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$255,077.36	\$1,048,584.39 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$21,450.00 19(a)
(b) Of All Other Loans	\$0.00	\$0.00 19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$21,450.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$620.00 20(a)
(b) Political Party Committees	\$0.00	\$0.00 20(b)
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00 20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	\$0.00	\$620.00 20(d)
21. OTHER DISBURSEMENTS	\$0.00	\$0.00 21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	\$255,077.36	\$1,070,654.39 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$52,165.89 23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$238,489.89 24
25. SUBTOTAL (add Line 23 and Line 24)		\$290,655.78 25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$255,077.36 26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$35,578.42 27

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) to reach category of the Detailed Summary Page

PAGE 1 OF 13

FOR LINE NUMBER

11(a)(6)

Contributions from Individuals

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ainlay, Charles 2605 Salem Dr. Goshen IN 46526	Retired	11/2/2000	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Attorney		Aggregate Year-to-Date > \$325.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anderson, Donald 203 Greenfield Dr. Middlebury IN 46540	Acordia Insurance	11/3/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		Aggregate Year-to-Date > \$225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ashbaugh, Anthony 9 St. Joe Manor Elkhart IN 46518	Elkhart Brass	11/3/2000	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT	Occupation Co-owner		Aggregate Year-to-Date > \$1,700.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ashbaugh, Julie 9 St. Joe Manor Elkhart IN 46516		11/3/2000	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT	Occupation Homemaker		Aggregate Year-to-Date > \$1,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barfall, Jean 21045 Riverbrook Lane Bristol IN 46507		11/2/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		Aggregate Year-to-Date > \$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blough, Brian 715 The Circle Elkhart IN 46514	Self Employed	10/30/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Dentist		Aggregate Year-to-Date > \$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Borger, Elizabeth 2225 Greenleaf Blvd. Elkhart IN 46514	Prudential Securities	10/26/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Financial Advisor		Aggregate Year-to-Date > \$1,450.00

SUBTOTAL of Receipts This Page (optional)

\$2,675.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 13

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code Borger, Elizabeth 2225 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Prudential Securities Occupation Financial Advisor Aggregate Year-to-Date > \$1,450.00	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Borrelli, Rosemary 22665 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Concord Medical center Occupation Receptionist Aggregate Year-to-Date > \$1,800.00	Date (month, day, year) 11/4/2000	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and ZIP Code Brembeck, Helen 1149 S. Oakwood Circle Dr. Syracuse IN 46587 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$700.00	Date (month, day, year) 11/7/2000	Amount of Each Receipt this Period \$100.00
D. Full Name, Mailing Address and ZIP Code Brogan, Christine 5548 Park Lake Rd. East Lansing MI 48823 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$500.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Brotherson, James 1815 Greenleaf Blvd. Elkhart IN 46514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT	Name of Employer Baker & Daniels Occupation Attorney Aggregate Year-to-Date > \$500.00	Date (month, day, year) 11/13/2000	Amount of Each Receipt this Period \$450.00
F. Full Name, Mailing Address and ZIP Code Cacloppe, Richard 51448 Hidden Pines Ct. Granger IN 46530 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT	Name of Employer G. Lengemann Comp. Occupation President Aggregate Year-to-Date > \$1,140.00	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$140.00
G. Full Name, Mailing Address and ZIP Code Cacloppe, Richard 51449 Hidden Pines Ct. Granger IN 46530 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer G. Lengemann Comp. Occupation President Aggregate Year-to-Date > \$1,140.00	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$160.00

SUBTOTAL of Receipts This Page (optional)	\$2,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13

FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Christian, David 3879 Timber Ridge Rd. La Porte IN 46350</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Ampcor II, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$550.00</p>	<p>Date (month, day, year) 10/27/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Conroy, Tim 51470 Hidden Pines Ct. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Intrepa</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 11/3/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Cover, Allen 115 Krider Dr. Middlebury IN 46540</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Independent sales</p> <p>Aggregate Year-to-Date > \$225.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Dague, James 1710 Amberwood Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Goshen Hospital</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Degroff, Donald R. 5 Clarendon Elkhart IN 46516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Wieland Design</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Donnell, Lynn, Mr. 2611 Twixwood Lane South Bend IN 46614</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT</p>	<p>Name of Employer Donnell Systems, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,100.00</p>	<p>Date (month, day, year) 10/28/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Doyle, Marcia P. P.O. Box 687 1051 Page Road Aurora OH 44202</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$315.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional) ></p>	<p>\$2,000.00</p>
<p>TOTAL This Period (last page this line number only) ></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code Duprat, Gerard 52444 Hickory Rd. Granger IN 46530	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/31/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$300.00		\$200.00
B. Full Name, Mailing Address and ZIP Code Elkin, Tom P.O. Box 1828 Elkhart IN 46515	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/2/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$550.00		\$100.00
C. Full Name, Mailing Address and ZIP Code Enfield, Ray 22216 CR 10 Elkhart IN 46514	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/2/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$500.00		\$500.00
D. Full Name, Mailing Address and ZIP Code Esposito, Gary 5800 Monroe St. Sylvania OH 43580	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/7/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,500.00		\$100.00
E. Full Name, Mailing Address and ZIP Code Fore, Gregg 507 Skyview Drive Middlebury IN 46540	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/7/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$250.00		\$50.00
F. Full Name, Mailing Address and ZIP Code Fulmer, L. Craig 120 W. Lexington Elkhart IN 46516	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/7/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$1,550.00		\$200.00
G. Full Name, Mailing Address and ZIP Code Harris, Jim 1614 Devon Circle South Bend IN 46817	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/2/2000	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date > \$400.00		\$50.00

SUBTOTAL of Receipts This Page (optional)	\$1,200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Debited Bureau Page

PAGE 5 OF 13

FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Hartman, Bethany 59625 CR 13 Elkhart IN 46517</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Concord Community Schools</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date > \$499.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period \$399.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Haut, Bill 54631 C.R. 131 Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Warrick & Boyn</p> <p>Occupation Lawyer</p> <p>Aggregate Year-to-Date > \$700.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Herschberger, Wes 14631 Falcon Lane Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Mapletronics, Inc.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,863.47</p>	<p>Date (month, day, year) 11/7/2000</p>	<p>Amount of Each Receipt this Period \$465.89 In-Kind</p>
<p>D. Full Name, Mailing Address and ZIP Code Hiler, Jack J. 59764 Settlers Trail Osceola IN 46561</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Stripco</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Hiler, Kathryn E. 59764 Settlers Trail Osceola IN 46561</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Hoogenboom, Gregory 605 Danbury Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Hoogenboom Massonry</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Hoogenboom, Gregory 605 Danbury Dr. Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Hoogenboom Massonry</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p style="text-align: right;">\$2,114.89</p>
<p>TOTAL This Period (last page this line number only)</p>	<p style="text-align: right;">></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 13
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chacola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Hoogenboom, Timothy 2412 Sheridan Dr. Goshen IN 46526	Name of Employer Hoogenboom Masonry Occupation Contractor	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$430.00	
B. Full Name, Mailing Address and ZIP Code Hunt, Mary 1102 N. Lafayette South Bend IN 46817	Name of Employer National Right to Life Occupation	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$400.00	
C. Full Name, Mailing Address and ZIP Code Hussey, Mariana 2801 Martin Manor Dr. Goshen IN 46526	Name of Employer Occupation Homemaker	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	
D. Full Name, Mailing Address and ZIP Code Karagiannis, John Paul 3814 Augusta Ln. Elkhart IN 46517	Name of Employer Elkhart Clinic Occupation DOCTOR	Date (month, day, year) 11/7/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT		Aggregate Year-to-Date > \$1,275.00	
E. Full Name, Mailing Address and ZIP Code Kelley, William K. 52118 Fall Creek Dr. Granger IN 46530	Name of Employer Occupation	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code Killoren, Glenn 22686 Remington Ct. Elkhart IN 46514	Name of Employer Ptaff Brotherson & Killoren Occupation Attorney	Date (month, day, year) 11/13/2000	Amount of Each Receipt this Period \$175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT		Aggregate Year-to-Date > \$1,675.00	
G. Full Name, Mailing Address and ZIP Code Klotz, Robert 135 N. Connstoga Ln. South Bend IN 46617	Name of Employer Dallas Industries Occupation Owner	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00	

SUBTOTAL of Receipts This Page (optional)	\$1,875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kubacki, Michael 1401 E. North Shore Dr. Syracuse IN 46567	Lake city bank	10/24/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date > \$1,200.00		
Landrum, Jeff 53659 Ridgeway Lane Bristol IN 46507		10/19/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$750.00		
Landrum, Judy 53659 Ridgeway Lane Bristol IN 46507		11/4/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$500.00		
Langford, Katrina 352 N. 325 E Valparaiso IN 46383		10/28/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$500.00		
Lee, Barry 16200 Candlewick Ct. Granger IN 46530	Bamar Plastics Inc.	10/24/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Engineer		
	Aggregate Year-to-Date > \$750.00		
Lindborg, Edgar K. 5621 S. Highway 35 P.O. Box 66 Kingsbury IN 46345	Kingsbury Elevator, Inc.	11/6/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date > \$1,000.00		
Lindborg, Yvonne L. 5621 S. Highway 35 P.O. Box 66 Kingsbury IN 46345	Kingsbury Elevator, Inc.	10/23/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date > \$1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$2,300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 OF 13

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Lindborg, Yvonne L. 5621 S. Highway 35 P.O. Box 66 Kingsbury IN 46345</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Kingsbury Elevator, Inc.</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 11/6/2000</p>	<p>Amount of Each Receipt this Period \$900.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Loomis, Peter 15100 Longford Dr. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Ritter's Frozen Custard</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Marohn, William 54943 Woodhold Ct. Elkhart IN 46516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Prudential Securities</p> <p>Occupation Financial Advisor</p> <p>Aggregate Year-to-Date > \$800.00</p>	<p>Date (month, day, year) 11/1/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Marr, David 105 W. Adams 36th Floor Chicago IL 60603</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Trexler, Bushnell, Giangiorgi,</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$450.00</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Marr, David 105 W. Adams 36th Floor Chicago IL 60603</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Trexler, Bushnell, Giangiorgi,</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$450.00</p>	<p>Date (month, day, year) 11/7/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Martin, Rex 3640 Gordon Rd. Elkhart IN 46516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Nibco Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,200.00</p>	<p>Date (month, day, year) 10/19/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Matthys, Jack 57457 Pine Rd. South Bend IN 46619</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) _____</p>	<p>\$2,800.00</p>
<p>TOTAL This Period (last page this line number only) _____</p>	<p>_____</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use as items schedule (b) for each category of the Detailed Summary Page

PAGE 8 OF 13

FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** **C00350926**

<p>A. Full Name, Mailing Address and ZIP Code Mausar, Ben 2639 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Irvine shade and door</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$750.00</p>	<p>Date (month, day, year) 10/25/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code McBride, Jeffery 55465 Lacey Lane Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Elkhart Oral&Maxillofacial sur</p> <p>Occupation Oral Surgeon</p> <p>Aggregate Year-to-Date > \$1,950.00</p>	<p>Date (month, day, year) 11/6/2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>C. Full Name, Mailing Address and ZIP Code McBride, Natalie 55465 Lacey Lane Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 11/6/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Miller, Walter 23706 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$850.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Mossey, Jane L 23805 CR 6 Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 11/7/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mueller, Edwin 117 Evergreen Dr. La Porte IN 46350</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Naquin, Thomas 2500 W. Lexington Ave. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REPAYMENT</p>	<p>Name of Employer Tom Naquin chevrolet</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$1,200.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,600.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 13
FOR LINE NUMBER 11(e)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Newcomer, Alice 1605 Garland Dr. Goshen IN 46526		11/2/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$230.00		
Nofziger, Myrl P.O. Box 848 Goshen IN 46527	Hoogenboom Nofziger	10/23/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Partner		
	Aggregate Year-to-Date > \$1,200.00		
O'Brien, James 52403 Spring Wood Ct. Granger IN 46530	St. Joseph County	10/28/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Deputy Prosecuting Atto.		
	Aggregate Year-to-Date > \$1,050.00		
Ornson, Cynthia L. 51194 Midthian Ct. Granger IN 46530		11/6/2000	\$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$500.00		
Peters, Joseph 1309 Copley Ct. Goshen IN 46526	MDK Corporation	11/7/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation President		
	Aggregate Year-to-Date > \$400.00		
Phelps, Teri 1621 Woodfield Ct. Elkhart IN 46514	Phelps Design	11/3/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Owner		
	Aggregate Year-to-Date > \$400.00		
Pletcher, Ken 56099 CR 21 Bristol IN 46507		11/2/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date > \$450.00		

SUBTOTAL of Receipts This Page (optional)	\$1,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 11 OF 13
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **C00350926**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Putnam, Doug 1534 Dogwood Dr. Elkhart IN 46514		11/7/2000	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date >	\$325.00	
Riblat, William 53539 Bridgetown Rd. Bristol IN 46507	Lippert Components	11/3/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Head of Sales		
	Aggregate Year-to-Date >	\$600.00	
Rieth, Martha 1715 Mayflower Pl. Goshen IN 46526		11/2/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Retired		
	Aggregate Year-to-Date >	\$400.00	
Ruszkowski, Patrick 2015 E. Cedar St. South Bend IN 46617		10/28/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date >	\$250.00	
Sabo, Valerie 51290 Hidden Pines Court Granger IN 46530		10/24/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date >	\$600.00	
Schurz, Stephanie 1335 Garland Rd. South Bend IN 46614		11/2/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Homemaker		
	Aggregate Year-to-Date >	\$500.00	
Screens, Bill 52066 Post Tavern Granger IN 46530	Life Health Pensions Group	10/26/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Agent		
	Aggregate Year-to-Date >	\$350.00	

SUBTOTAL of Receipts This Page (optional)	\$825.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 13
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **CD0350926**

<p>A. Full Name, Mailing Address and ZIP Code Shaw, William 51171 Midlothian Ct. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer MRI Management</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/30/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Shaw, William 51171 Midlothian Ct. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer MRI Management</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 10/31/2000</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Sotebeer, John 24384 County Road 18 Elkhart IN 46516</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Almac-Sotebeer</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,100.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Stegelmann, Murry 31 Briar Brae Rd. Darlan CT 06820</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer GE Capital</p> <p>Occupation Financial Manager</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 10/20/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Swanson, Martha 101 Cherry Tree Lane La Porte IN 46350</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Swanson Insurance</p> <p>Occupation Insurance representativ</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 10/19/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Ulmer, Terri 64686 Apple Ridge Rd. Goshen IN 46528</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Marque Inc.</p> <p>Occupation Purchasing Assistant</p> <p>Aggregate Year-to-Date > \$360.00</p>	<p>Date (month, day, year) 11/2/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Westerhausen, Donald, Dr. 52346 Spring Arbor Ct. Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 11/3/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p style="text-align: right;">\$950.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p style="text-align: right;">.....</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions from Individuals

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) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code Wolf, John 55961 Dana Dr. Bristol IN 46507	Name of Employer McGladery & Pullen Occupation CPA	Date (month, day, year) 11/7/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$450.00	
B. Full Name, Mailing Address and ZIP Code Yeager, Chuck 1494 Freedom Parkway Winona Lake IN 46590	Name of Employer SYM Financial Occupation President	Date (month, day, year) 11/3/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): DEBT REDUCTION		Aggregate Year-to-Date > \$1,100.00	
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date >	

SUBTOTAL of Receipts This Page (optional)	\$200.00
TOTAL This Period (last page this line number only)	\$21,739.89

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Business Page

Contributions from Party Committees

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)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code Republican, National Commit 310 First Street, SW Washington DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$5,000.00	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$5,000.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	> \$5,000.00
TOTAL This Period (last page this line number only)	> \$5,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER

11(c)

Contributions from Other Political Committees

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)			
Chris Chocola for Congress, Inc.		C00350926	
A. Full Name, Mailing Address and ZIP Code Americans For A, Republican Major 1155 21st Street, NW Suite 300 Washington DC 20036	Name of Employer Occupation	Date (month, day, year) 11/2/2000	Amount of Each Receipt this Period \$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$10,000.00	
B. Full Name, Mailing Address and ZIP Code Associated Builders, And Contractors 1300 N. 17th St. Arlington VA 22209	Name of Employer Occupation	Date (month, day, year) 10/19/2000	Amount of Each Receipt this Period \$4,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$5,000.00	
C. Full Name, Mailing Address and ZIP Code Citizens For, Mary Kay Budak 5144 N. Pawnee Trl. La Porte IN 46350	Name of Employer Occupation	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$100.00	
D. Full Name, Mailing Address and ZIP Code Coats, Dan, For Indiana 47 S. Meridian St. Suite 301 Indianapolis IN 46204	Name of Employer Occupation	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$500.00	
E. Full Name, Mailing Address and ZIP Code Horizon, PAC 515 Franklin Square Michigan City IN 46360	Name of Employer Occupation	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$50.00	
F. Full Name, Mailing Address and ZIP Code National Association, Retired Federal 606 N. Washington St. Alexandria VA 22314	Name of Employer Occupation	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$2,000.00	
G. Full Name, Mailing Address and ZIP Code Rely On, Your Beliefs P.O. Box 5412 Arlington VA 22205	Name of Employer Occupation	Date (month, day, year) 11/3/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Aggregate Year-to-Date >	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)	\$12,650.00
TOTAL This Period (last page this line number only)	\$12,650.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

13(a)

Loans Made or Guaranteed by the Candidate

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)
Chris Chocola for Congress, Inc. **C00350926**

A. Full Name, Mailing Address and ZIP Code Chocola, J. Christopher 20380 CR 14 Bristol IN 46507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CTB, Inc. Occupation Chairman of the Board Aggregate Year-to-Date > \$465,000.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$70,000.00 Made by Cand
B. Full Name, Mailing Address and ZIP Code Chocola, J. Christopher 20380 CR 14 Bristol IN 46507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CTB, Inc. Occupation Chairman of the Board Aggregate Year-to-Date > \$465,000.00	Date (month, day, year) 10/28/2000	Amount of Each Receipt this Period \$80,000.00 Made by Cand
C. Full Name, Mailing Address and ZIP Code Chocola, J. Christopher 20380 CR 14 Bristol IN 46507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer CTB, Inc. Occupation Chairman of the Board Aggregate Year-to-Date > \$465,000.00	Date (month, day, year) 11/1/2000	Amount of Each Receipt this Period \$40,000.00 Made by Cand
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$190,000.00
TOTAL This Period (last page this line number only)	\$190,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 12

FOR LINE NUMBER
17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/2/2000	Amount of Each Disbursement this Period \$255.44
B. Full Name, Mailing Address and ZIP Code Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/8/2000	Amount of Each Disbursement this Period \$274.83
C. Full Name, Mailing Address and ZIP Code All Store Labels Street Required City ST 00000	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$995.00
D. Full Name, Mailing Address and ZIP Code Ameritech N17 W24300 Riverwood Drive Waukesha WI 53188	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/27/2000	Amount of Each Disbursement this Period \$380.32
E. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$28.47
F. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$32.15
G. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$32.15
H. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$17.40
I. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$36.77

SUBTOTAL of Disbursements This Page (optional)	\$2,052.53
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12

FOR LINE NUMBER 17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$35.81
B. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$45.00
C. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$18.93
D. Full Name, Mailing Address and ZIP Code Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$32.14
E. Full Name, Mailing Address and ZIP Code Applebees Restaurant Street Required Goshen IN 46528	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$26.88
F. Full Name, Mailing Address and ZIP Code AT T Cable 4045 Edison Lakes Pkwy. Mishawaka IN 46545	Purpose of Disbursement Media Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/2000	Amount of Each Disbursement this Period \$42.53
G. Full Name, Mailing Address and ZIP Code Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22046	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/2000	Amount of Each Disbursement this Period \$3,679.31
H. Full Name, Mailing Address and ZIP Code Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22046	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$619.39
I. Full Name, Mailing Address and ZIP Code Cash P.O. Box 6728 South Bend IN 46660	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/27/2000	Amount of Each Disbursement this Period \$200.00

SUBTOTAL of Disbursements This Page (optional)	\$4,699.99
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 12

FOR LINE NUMBER

17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Cash P.O. Box 6728 South Bend IN 46860	Purpose of Disbursement Other (Enter Description) Petty Cash Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/25/2000	Amount of Each Disbursement this Period \$30.00
B. Full Name, Mailing Address and ZIP Code Colortime Street Required City ST 00000	Purpose of Disbursement Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Office Expenses November Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/8/2000	Amount of Each Disbursement this Period \$696.44
D. Full Name, Mailing Address and ZIP Code Davis, Holly 733 N. Wallace Ave. Indianapolis IN 46201	Purpose of Disbursement Office Expenses October Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$1,243.58
E. Full Name, Mailing Address and ZIP Code Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Purpose of Disbursement Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$89.95
F. Full Name, Mailing Address and ZIP Code Duckwall Alco Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$33.83
G. Full Name, Mailing Address and ZIP Code Elkhart Community Bank 303 S. 3rd St. Elkhart IN 46516	Purpose of Disbursement Bank Service Charge Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/19/2000	Amount of Each Disbursement this Period \$26.54
H. Full Name, Mailing Address and ZIP Code Express Line- Osceola P.O. Box 222 Osceola IN 46561	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/2000	Amount of Each Disbursement this Period \$26.25
I. Full Name, Mailing Address and ZIP Code Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Purpose of Disbursement Office Expenses October Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/24/2000	Amount of Each Disbursement this Period \$437.00

SUBTOTAL of Disbursements This Page (optional)	\$3,083.59
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 12

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris Chocola for Congress, Inc.

CD0350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Faulkner, Chris 6515 Summer Place Lane, 3B Granger IN 46530	Office Expenses Mileage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/22/2000	\$202.37
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$18.46
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$13.52
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$15.34
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$21.32
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$13.52
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$31.32
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$21.32
Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$13.52

SUBTOTAL of Disbursements This Page (optional)

\$350.69

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 12

FOR LINE NUMBER

17

Operating Expenditures

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)		C00350926	
A. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$15.86
B. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$15.34
C. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$13.52
D. Full Name, Mailing Address and ZIP Code Four Star Rental 1504 Bashor Rd. Goshen IN 46527	Purpose of Disbursement Other (Enter Description) Other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$246.40
E. Full Name, Mailing Address and ZIP Code Grass Roots Media 314 A West Colfax Avenue South Bend IN 46601	Purpose of Disbursement Media Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/2000	Amount of Each Disbursement this Period \$421.64
F. Full Name, Mailing Address and ZIP Code Great Wall Restaurant 49 Pinalake Ave La Porte IN 46350	Purpose of Disbursement Other (Enter Description) Meeting Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$7.30
G. Full Name, Mailing Address and ZIP Code Harcourt Outlines 1000 Kings Pike Milroy IN 46156	Purpose of Disbursement Print Ads Yard Signs Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$333.00
H. Full Name, Mailing Address and ZIP Code Harcourt Outlines 1000 Kings Pike Milroy IN 46156	Purpose of Disbursement Print Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$184.25
I. Full Name, Mailing Address and ZIP Code Herschberger, Wes 14831 Falcon Lane Goshen IN 46526	Purpose of Disbursement IN-KIND RECEIVED Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/7/2000	Amount of Each Disbursement this Period \$465.89

SUBTOTAL of Disbursements This Page (optional)

\$1,703.20

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 12
FOR LINE NUMBER 17

Operating Expenditures

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)		C00350928	
A. Full Name, Mailing Address and ZIP Code Holsapple, Kent 2401 Sheridan Drive Goshen IN 46528	Purpose of Disbursement Office Expenses October Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$402.42
B. Full Name, Mailing Address and ZIP Code Holsapple, Kent 2401 Sheridan Drive Goshen IN 46528	Purpose of Disbursement Office Expenses cell phone Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/27/2000	Amount of Each Disbursement this Period \$156.06
C. Full Name, Mailing Address and ZIP Code Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Purpose of Disbursement Campaign Workers' Salaries Check Fees Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/3/2000	Amount of Each Disbursement this Period \$22.50
D. Full Name, Mailing Address and ZIP Code Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Purpose of Disbursement Campaign Workers' Salaries October Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/3/2000	Amount of Each Disbursement this Period \$9,145.70
E. Full Name, Mailing Address and ZIP Code Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/3/2000	Amount of Each Disbursement this Period \$3,760.48
F. Full Name, Mailing Address and ZIP Code Joys Johns P.O. Box 8095 South Bend IN 46660	Purpose of Disbursement Other (Enter Description) temp Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/26/2000	Amount of Each Disbursement this Period \$65.00
G. Full Name, Mailing Address and ZIP Code Kochvar, Brooks 1600 S. Eads Arlington VA 22202	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/7/2000	Amount of Each Disbursement this Period \$688.92
H. Full Name, Mailing Address and ZIP Code Kroger 6325 University Commons South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$9.75
I. Full Name, Mailing Address and ZIP Code Lables And Lists 2500 116th Avenue NE Bellevue WA 98004	Purpose of Disbursement Campaign Mailings Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/5/2000	Amount of Each Disbursement this Period \$1,617.10

SUBTOTAL of Disbursements This Page (optional)

\$15,867.93

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 12
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Labels And Lists 2500 116th Avenue NE Bellevue WA 98004	Purpose of Disbursement Campaign Mailings Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$214.00
B. Full Name, Mailing Address and ZIP Code Labels And Lists 2500 116th Avenue NE Bellevue WA 98004	Purpose of Disbursement Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$60.00
C. Full Name, Mailing Address and ZIP Code Laporte Co. Republican Party 814 Jefferson Avenue La Porte IN 48350	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/1/2000	Amount of Each Disbursement this Period \$240.00
D. Full Name, Mailing Address and ZIP Code Lowe's Street Required City ST 00000	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$26.00
E. Full Name, Mailing Address and ZIP Code Mahoney Strimple Goncharenko 110 E 42nd Street New York NY 10017	Purpose of Disbursement Polling Costs Polling Costs Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$7,050.00
F. Full Name, Mailing Address and ZIP Code Mahoney Strimple Goncharenko 110 E 42nd Street New York NY 10017	Purpose of Disbursement Polling Costs Polling Costs Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$3,412.50
G. Full Name, Mailing Address and ZIP Code Mazurkewicz, Jason 1521 Tremont Mishawaka IN 46544	Purpose of Disbursement Office Expenses October Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/1/2000	Amount of Each Disbursement this Period \$76.00
H. Full Name, Mailing Address and ZIP Code McCarthy, Patrick 1737 Riggs Place, NW Washington DC 20009	Purpose of Disbursement Media Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/19/2000	Amount of Each Disbursement this Period \$20,798.37
I. Full Name, Mailing Address and ZIP Code McCarthy, Patrick 1737 Riggs Place, NW Washington DC 20009	Purpose of Disbursement Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/31/2000	Amount of Each Disbursement this Period \$26,489.12

SUBTOTAL of Disbursements This Page (optional)

\$58,365.99

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 12
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Meljer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$35.23
B. Full Name, Mailing Address and ZIP Code Meljer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$44.00
C. Full Name, Mailing Address and ZIP Code Mishawaka Utilities 126 N. Church St. Mishawaka IN 46546	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$132.37
D. Full Name, Mailing Address and ZIP Code Mobil Gas Station P.O. Box 22001 Tulsa OK 74121	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$47.74
E. Full Name, Mailing Address and ZIP Code Mobil Gas Station P.O. Box 22001 Tulsa OK 74121	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$10.49
F. Full Name, Mailing Address and ZIP Code Nancys Fancies P.O. Box 1597 Warsaw IN 46581	Purpose of Disbursement Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$1,282.57
G. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/20/2000	Amount of Each Disbursement this Period \$73,820.00
H. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Television Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$78,634.25
I. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/31/2000	Amount of Each Disbursement this Period \$6,000.00

SUBTOTAL of Disbursements This Page (optional)

\$160,006.65

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Perkins Family Restaurant 3251 Interchange Dr. South Bend IN 46617	Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$15.34
B. Full Name, Mailing Address and ZIP Code Phillips 215 E Cleveland Granger IN 46530	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$4.00
C. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$23.09
D. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) volunteers Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/26/2000	\$15.74
E. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) volunteers Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/4/2000	\$48.55
F. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$24.55
G. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Other (Enter Description) PO Box Fee Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/28/2000	\$14.00
H. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/23/2000	\$330.00
I. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/17/2000	\$328.80

SUBTOTAL of Disbursements This Page (optional)

\$804.07

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of the Detailed Summary Page

PAGE 10 OF 12
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/19/2000	Amount of Each Disbursement this Period \$393.00
B. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/19/2000	Amount of Each Disbursement this Period \$173.74
C. Full Name, Mailing Address and ZIP Code Postmaster 601 South Main Street Elkhart IN 46516	Purpose of Disbursement Postage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/2/2000	Amount of Each Disbursement this Period \$437.59
D. Full Name, Mailing Address and ZIP Code SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Purpose of Disbursement Office Rent Office Rent Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$1,616.28
E. Full Name, Mailing Address and ZIP Code Sprint Phone Comp. P.O. Box 152046 Irving TX 75015	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$331.04
F. Full Name, Mailing Address and ZIP Code Sprint Phone Comp. P.O. Box 152046 Irving TX 75015	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$223.78
G. Full Name, Mailing Address and ZIP Code Sprint Phone Comp. P.O. Box 152046 Irving TX 75015	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/26/2000	Amount of Each Disbursement this Period \$352.58
H. Full Name, Mailing Address and ZIP Code Sprint Phone Comp. P.O. Box 152046 Irving TX 75015	Purpose of Disbursement Office Expenses conference services Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/26/2000	Amount of Each Disbursement this Period \$218.39
I. Full Name, Mailing Address and ZIP Code Studio One 25833 SR 2 South Bend IN 46619	Purpose of Disbursement Media Stage Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$1,050.00

SUBTOTAL of Disbursements This Page (optional)

\$4,796.40

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 11 OF 12

FOR LINE NUMBER

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Chris Chocola for Congress, Inc.

C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description) Other	Date (month, day, year)	Amount of Each Disbursement this Period
Studio Plus 4715 N. Main St. Mishawaka IN 46545	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/23/2000	\$331.83
B. Full Name, Mailing Address and ZIP Code Studio Plus 4715 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/30/2000	Amount of Each Disbursement this Period \$331.93
C. Full Name, Mailing Address and ZIP Code Transpo 901 Northside Blvd. South Bend IN 46617	Purpose of Disbursement Other (Enter Description) Bus for Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/3/2000	Amount of Each Disbursement this Period \$346.72
D. Full Name, Mailing Address and ZIP Code Tyszka, Nicholas The Jamison House, 5 South Bend IN 46637	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/27/2000	Amount of Each Disbursement this Period \$389.15
E. Full Name, Mailing Address and ZIP Code US Signcrafters 216 Lincolnway East Osceola IN 46561	Purpose of Disbursement Media Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$1,050.00
F. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/28/2000	Amount of Each Disbursement this Period \$268.33
G. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/19/2000	Amount of Each Disbursement this Period \$353.74
H. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/6/2000	Amount of Each Disbursement this Period \$5.00
I. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/4/2000	Amount of Each Disbursement this Period \$38.17

SUBTOTAL of Disbursements This Page (optional)

\$3,114.87

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 12 OF 12
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Walgreen University Commons South Bend IN 46635	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/6/2000	\$6.45
B. Full Name, Mailing Address and ZIP Code Windsor Park 4020 Edison Lakes Parkway Mishawaka IN 46545	Purpose of Disbursement Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/19/2000	Amount of Each Disbursement this Period \$75.00
C. Full Name, Mailing Address and ZIP Code Windsor Park 4020 Edison Lakes Parkway Mishawaka IN 46545	Purpose of Disbursement Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 11/27/2000	Amount of Each Disbursement this Period \$150.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$231.45
TOTAL This Period (last page this line number only)	\$255,077.36

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full) C00350928

Chris Chocola for Congress, Inc.

A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 Bristol, IN 46507 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	PERSONAL FUNDS \$25,000.00	\$0.00	\$25,000.00

Terms: Date Incurred 12/27/1999 Date Due 12/31/2000 Interest Rate § %(apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding
			\$0.00
			\$0.00
			\$0.00

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payments To Date	Balance Outstanding at Close of This Period
Chocola, J. Christopher 20380 CR 14 Bristol, IN 46507 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	PERSONAL FUNDS \$25,000.00	21,450.00	\$ 3,550.00

Terms: Date Incurred 11/23/1999 Date Due 12/31/2000 Interest Rate § %(apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	Occupation	Amount Guaranteed Outstanding
			\$0.00
			\$0.00
			\$0.00

\$78,550.00

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

SCHEDULE C

LOANS

(Revised 3/80) Loans owed **BY** the Committee

Name of Committee (In Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507 Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Original Amount of Loan \$25,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$25,000.00
---	---	---	---

Terms: Date Incurred 6/30/2000 Date Due 12/31/2000 Interest Rate 8 % (apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding \$0.00		

B. Full Name, Mailing Address and Zip Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
--	-------------------------	----------------------------	---

Terms: Date Incurred Date Due Interest Rate % (apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding		

SUBTOTALS This Period This Page (optional)	\$25,000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance to LINE 3, Schedule D, for this line, if no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 Bristol, IN 46507 PERSONAL FUNDS	Original Amount of Loan \$50,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$50,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Terms: Date Incurred <u>9/27/2000</u> Date Due <u>12/30/2000</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:		
2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:		
3. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	\$50,000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance to LINE 3, Schedule D, for this line, if no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (In Full) **Chris Chocola for Congress, Inc.** C00350926

A. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	Original Amount of Loan \$100,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$100,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

Terms: Date Incurred 10/13/2000 Date Due 12/31/2000 Interest Rate 8 %(apr) Secured

List All Endorsers or Guarantors (If any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		

B. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 Bristol, IN 46507	Original Amount of Loan \$100,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$100,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

Terms: Date Incurred 10/5/2000 Date Due 12/30/2000 Interest Rate 8 %(apr) Secured

List All Endorsers or Guarantors (If any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		

SUBTOTALS This Period This Page (optional)	\$200,000.00
TOTALS This Period (last page in this line only)	\$

Carry outstanding balance to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

LOANS

(Revised 3/80) Loans owed BY the Committee

Name of Committee (In Full) **Chris Chocola for Congress, Inc.** C00350928

A. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	Original Amount of Loan \$40,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$40,000.00
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Election: Primary General Other (Specify):
 Terms: Date Incurred **11/1/2000** Date Due **12/31/2000** Interest Rate **8** %(apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		

B. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	Original Amount of Loan \$80,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$80,000.00
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Election: Primary General Other (Specify):
 Terms: Date Incurred **10/28/2000** Date Due **12/31/2000** Interest Rate **8** %(apr) Secured

List All Endorsers or Guarantors (if any) to item

1. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer	[REDACTED]	[REDACTED]
	Occupation		
	Amount Guaranteed Outstanding: \$0.00		

SUBTOTALS This Period This Page (optional)	\$120,000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance to LINE 3, Schedule D, for this line, or to Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C

LOANS

PAGE 6 of 6
 LINE NUMBER 10
 (Use separate schedules for each numbered line)

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full)

C00350826

Chris Chocola for Congress, Inc.

A. Full Name, Mailing Address and Zip Code of Loan Source Chocola, J. Christopher 20380 CR 14 PERSONAL FUNDS Bristol, IN 46507	Original Amount of Loan \$70,000.00	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$70,000.00
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Terms: Date Incurred <u>10/20/2000</u> Date Due <u>12/31/2000</u> Interest Rate <u>B</u> %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
Terms: Date Incurred Date Due Interest Rate %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:		
2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:		
3. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:		

SUBTOTALS This Period This Page (optional)	\$70,000.00
TOTALS This Period (last page in this line only)	\$493,550.00

Carry outstanding balance to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 10/19/2000 TO 11/27/2000

PAGE 1 of 2
 LINE NUMBER 10
 (Use separate schedules for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
00050826 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Golden Dome Productions Notre Dame Campus South Bend IN 46615 Nature of Debt (Purpose) Media	\$0.00	\$1,062.50	\$0.00	\$1,062.50
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Printing Donna Bickel 1227 W. Beardsley Ave. Elkhart IN 46515 Nature of Debt (Purpose) Fundraising	\$261.45	\$0.00	\$0.00	\$261.45
C. Full Name, Mailing Address and Zip Code of Debtor or Credit American Cancer Society Street Required City ST 00000 Nature of Debt (Purpose) Other (Enter Description)	\$40.00	\$0.00	\$0.00	\$40.00
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Cp Distributing PO Box 220 Mishawaka IN 46546 Nature of Debt (Purpose) Office Expenses	\$19.95	\$0.00	\$0.00	\$19.95
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515 Nature of Debt (Purpose) Campaign Workers' Salaries	\$22.50	\$0.00	\$0.00	\$22.50
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Cross Oberlie 916 Byrd Ave. Necola WI 54956 Nature of Debt (Purpose) Campaign Literature	\$225.00	\$0.00	\$0.00	\$225.00

1) SUBTOTALS This Period This Page (optional)	\$1,631.40
2) TOTALS This Period (last page in this line 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 of	

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans

FROM 10/18/2000 TO 11/27/2000

Name of Committee (or Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Chris Chocola for Congress, Inc. C00350028				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Key Bank P.O. Box 810012 Toledo OH 43681	\$48.73	\$0.00	\$0.00	\$48.73
Nature of Debt (Purpose) Bank Service Charge				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Key Bank P.O. Box 810012 Toledo OH 43681	\$29.00	\$0.00	\$0.00	\$29.00
Nature of Debt (Purpose) Bank Service Charge				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				

1) SUBTOTALS This Period This Page (optional)	\$77.73
2) TOTALS This Period (last page in this line only)	\$1,709.13
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$493,550.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page)	\$495,259.13

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 11/28/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>CR</i>	 12/4/00
PREPARER	DATE PREPARED