

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

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