

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P, O, Box 408  
 Check if different than previously reported. (ACC)  
Anderson IN 46015

2. **FEC IDENTIFICATION NUMBER** C00350397  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
IN 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 01 2006 through 09 30 2006

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 Steve Ford

Signature of Treasurer Electronically Filed by Steve Ford Date 10 13 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Mike Pence Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	190298.63	1329719.96
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	190298.63	1328919.96
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	355000.11	1006608.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	679.38	6644.21
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	354320.73	999964.40
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>480347.36</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Mike Pence Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

69236.70

743466.44

(ii) Unitemized.....

9560.00

47892.00

(iii) TOTAL of contributions

78796.70

791358.44

from individuals..... ▶

500.00

4790.10

(b) Political Party Committees.....

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

111001.93

533571.42

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

190298.63

1329719.96

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

679.38

6644.21

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

4902.96

13680.66

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

195880.97

1350044.83

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	355000.11	1006608.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	800.00
21. OTHER DISBURSEMENTS.....	75000.00	100400.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	430000.11	1107808.61

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	714466.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	195880.97
25. SUBTOTAL (add Line 23 and Line 24).....	910347.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	430000.11
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	480347.36

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Action Comm. for Rural Electrification</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 8 / 2 0 0 6	
Mailing Address 4301 Wilson Boulevard		Transaction ID: 61011.C11802	
City Arlington	State VA	Amount of Each Receipt this Period 1200.00	
Zip Code 22203-1860		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) <b>B. American Bakers Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1300 I Street, NW, Suite 700 West		Transaction ID: 61011.C12019	
City Washington	State DC	Amount of Each Receipt this Period 500.00	
Zip Code 20005		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. American Bankers Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6	
Mailing Address 1120 Connecticut Avenue NW		Transaction ID: 61011.C12016	
City Washington	State DC	Amount of Each Receipt this Period 1500.00	
Zip Code 20036		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 224
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. American Electric Power Committee for RG</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006
Mailing Address 801 Pennsylvania Ave., NW, Ste. 21		Transaction ID: 61011.C12035
City Washington State DC Zip Code 20004-2615	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. American Health Care Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006
Mailing Address 1201 L Street, NW		Transaction ID: 61011.C11794
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) <b>C. American Hospital Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2006
Mailing Address 325 7th St NW		Transaction ID: 61011.C11788
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 4500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 224
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 1505 Prince Street, Ste. 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61011.C11995

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Veterinary Medical PAC

Mailing Address 1101 Vermont Ave., NW, Ste. 710

City State Zip Code  
Washington DC 20005-1473

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61011.C11796

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ashland Inc. PAC for Employees

Mailing Address P.O. Box 391

City State Zip Code  
Ashland KY 41114

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 61011.C11783

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 224
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Associated Builders & Contractors PAC

Mailing Address 1300 North 17th Street

City State Zip Code  
Rosslyn VA 22209

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11792

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AstraZenca Pharmaceuticals PAC

Mailing Address 1800 Concord Pike, P.O. Box 15438

City State Zip Code  
Wilmington DE 19850

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11793

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
B & D Sagamore Pac

Mailing Address 300 N. Meridian St., Ste. 2700

City State Zip Code  
Indianapolis IN 46204

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: 61011.C11807

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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



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

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

FOR LINE NUMBER: PAGE 9 / 224  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Build PAC of the Nat. Assoc. of Home Bld  
Mailing Address 1201 15th Street Nw

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
08 / 04 / 2006

**Transaction ID:** 61011.C11791

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Build PAC of the Nat. Assoc. of Home Bld  
Mailing Address 1201 15th Street Nw

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
08 / 16 / 2006

**Transaction ID:** 61011.C11779

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Build PAC of the Nat. Assoc. of Home Bld  
Mailing Address 1201 15th Street Nw

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
09 / 07 / 2006

**Transaction ID:** 61011.C11799

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Build PAC of the Nat. Assoc. of Home Bld

Mailing Address 1201 15th Street Nw

City State Zip Code  
Washington DC 20005-2800

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2006

Transaction ID: 61011.C11800

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Bunge N. America Inc. Pac

Mailing Address 750 First St. NE

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 61011.C11846

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Business Software Alliance PAC

Mailing Address 1150 18th Street, NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12011

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 224
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Cargill Incorporated Pac

Mailing Address P.O. Box 9300

City State Zip Code  
Minneapolis MN 55440

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

**Transaction ID:** 61011.C11841

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address National Mining Association  
1130 17th St. NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

**Transaction ID:** 61011.C12034

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1500 Market Street  
33rd Floor East Tower

City State Zip Code  
Philadelphia PA 19102

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

**Transaction ID:** 61011.C11798

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 224
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
Mike Pence Committee

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

Mailing Address 1500 Market Street  
33rd Floor East Tower

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

Transaction ID: 61011.C11801

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2667.40

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: 61011.C12065

Amount of Each Receipt this Period  
455.85

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 fundraising services

**C.** Full Name (Last, First, Middle Initial)  
Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3036.60

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

Transaction ID: 61011.C12064

Amount of Each Receipt this Period  
369.20

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 faxing and event announcement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1325.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Consumer Electronics Association PAC

Mailing Address 2500 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61011.C11993

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DealersElectionActionComm.ofNADA PAC

Mailing Address 8400 Westpark Drive

City McClean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61011.C11994

Amount of Each Receipt this Period  
3000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dean Foods Company PAC

Mailing Address 2515 McKinney Ave, Ste. 1200

City Dallas State TX Zip Code 75201

FEC ID number of contributing federal political committee. **C** C00340083

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61011.C12012

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 224
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Deloitte & Touche Federal PAC

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044-0365

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

Transaction ID: 61011.C11786

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 546 Abbott St

City Indianapolis State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 61011.C11773

Amount of Each Receipt this Period  
4000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1212 New York Ave. Ste. 850

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00418095

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: 61011.C11844

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Greenberg Traurig, P.A., PAC

Mailing Address 800 Conecticut Ave. NW St. 500

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12010

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Halliburton Company PAC

Mailing Address 4100 Clinton Dr. HALPAC

City Houston State TX Zip Code 77020

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12009

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hewlett Packard Company PAC

Mailing Address 1100 New York Ave, NW Suite 600W

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61011.C12033

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 224
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 700 St. Rte. 46 E.

City State Zip Code  
Batesville IN 47006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: 61011.C11806

Amount of Each Receipt this Period  
3000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
HoffmannLa-RocheMultiCandidateComm.PAC

Mailing Address 1425 K St. NW, Ste. 650

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00072769

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61011.C11795

Amount of Each Receipt this Period  
1200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Home Depot Inc. PAC

Mailing Address 101 Constitution Ave NW, Ste. 800

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61011.C11998

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5200.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Independent Community Bankers PAC Mailing Address One Thomas Circle Nw Suite 400 City State Zip Code Washington DC 20005 FEC ID number of contributing federal political committee. <b>C</b> C00032698 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4750.00		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 61011.C11997 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
---	--	--

<b>B.</b> Full Name (Last, First, Middle Initial) Independent Insurance AgentsofAmericaPAC Mailing Address 412 1st Street, Ste. 300 City State Zip Code Washington DC 20003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006 <b>Transaction ID:</b> 61011.C11999 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
---	--	--

<b>C.</b> Full Name (Last, First, Middle Initial) Indiana Farm Bureau PAC Mailing Address Po Box 1290 City State Zip Code Indianapolis IN 46206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 <b>Transaction ID:</b> 61011.C11847 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
International Assoc.of Fire Fighters PAC

Mailing Address 1750 New York Ave. NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61011.C11992

Amount of Each Receipt this Period  
2400.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC

Mailing Address 1401 H Street, NW

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** 61011.C11808

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jackman For State Senate

Mailing Address 352 West St. Rd. 244

City State Zip Code  
Milroy IN 46156

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

**Transaction ID:** 61011.C11889

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 224
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address One Johnson & Johnson Plaza

City State Zip Code  
New Brunswick NJ 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

Transaction ID: 61011.C11797

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lincoln Financial Group PAC

Mailing Address 1455 Pennsylvania Ave. Ste. 1260

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: 61011.C11780

Amount of Each Receipt this Period  
1200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Lumber Dealers Political Action Committee

Mailing Address 40 Ivy Street SE

City State Zip Code  
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

Transaction ID: 61011.C11836

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Marathon Oil Company Employee PAC

Mailing Address 539 South Main Street

City Findlay State OH Zip Code 45840-3295

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12014

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 601 Penn. Ave., NW, N. Bldg Ste 120

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: 61011.C11787

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 16011 NE 36th Way, Box 97017

City Redmond State WA Zip Code 98073-9717

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: 61011.C11782

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 224  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
National CableTelecom Assoc. PAC  
Mailing Address 1724 Massachusetts Ave., NW  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation GOVERNMENT RELATIONS  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006  
Transaction ID: 61011.C12017  
Amount of Each Receipt this Period  
5000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Pro-Life Alliance PAC  
Mailing Address 4521 Windsor Arms Ct.  
City Annandale State VA Zip Code 22003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006  
Transaction ID: 61011.C11983  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Right To Work PAC  
Mailing Address 8001 Braddock Rd., Ste. 500  
City Springfield State VA Zip Code 22151  
FEC ID number of contributing federal political committee. **C** C00164384  
Name of Employer Occupation  
Receipt For: 2006 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006  
Transaction ID: 61011.C11840  
Amount of Each Receipt this Period  
3000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 224
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
National Roofing Contractors PAC

Mailing Address 324 Fourth Street N.

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 61011.C11845

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Stone, Sand & Gravel PAC

Mailing Address 2101 WILSON BLVD

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2006

Transaction ID: 61011.C11803

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
News America Holdings Inc. Fox PAC

Mailing Address 444 N. Capitol St. Ste. 740

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
VP, Government Affairs

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61011.C11842

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 6501 Legacy Dr.

City State Zip Code  
Plano TX 75024

FEC ID number of contributing federal political committee. **C** C00042895

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61011.C12020

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 235 East 42nd Street

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 61011.C11781

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address Natinal Pork Producers Council  
PO Box 10383

City State Zip Code  
Des Moines IA 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

**Transaction ID:** 61011.C11789

Amount of Each Receipt this Period  
600.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 224  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 1900 K Street N.W.

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2006

**Transaction ID:** 61011.C11785

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Property Casualty Insurers Assoc. PAC

Mailing Address 444 North Capitol Street, NW  
Suite 801

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2006

**Transaction ID:** 61011.C12036

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
RJReynolds Political Action Committee

Mailing Address P.O. Box 718, 401 N. Main Street

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 18 / 2006

**Transaction ID:** 61011.C11843

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 224  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
RJReynolds Political Action Committee

Mailing Address P.O. Box 718, 401 N. Main Street

City State Zip Code  
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** 61011.C11996

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 14850 Conference Center Suite 100

City State Zip Code  
Chantilly VA 20151

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2006

**Transaction ID:** 61011.C12060

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Society of Independent Gasoline Marketer

Mailing Address of America pac  
11495 Sunset Hills Rd. Ste. 215

City State Zip Code  
Reston VA 20190

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

**Transaction ID:** 61011.C11952

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Society of Thoracic Surgeons PAC

Mailing Address 1025 Connecticut Ave. NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

**Transaction ID:** 61011.C12018

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Tech Net PAC

Mailing Address 2600 E. Bayshore Rd.

City State Zip Code  
Palo Alto CA 94303

FEC ID number of contributing federal political committee. **C** C00328369

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
76.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 12 / 2006

**Transaction ID:** 61011.C12063

Amount of Each Receipt this Period  
76.88

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 fundraising services

**C.** Full Name (Last, First, Middle Initial)  
The GlaxoSmithKline PAC

Mailing Address 1500 K St. NW, Ste 650

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

**Transaction ID:** 61011.C11784

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2576.88
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Time Warner PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 800 Connecticut Avenue Suite 200		<b>Transaction ID:</b> 61011.C11835
City State Zip Code Washington DC 20006-2712	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Dir., Govt Relations and Publ	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>B. UBS Americas Fund for Better Government</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006
Mailing Address 1501 K Street, NW		<b>Transaction ID:</b> 61011.C11790
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. United Parcel Service PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 55 Glenlake Parkway Ne		<b>Transaction ID:</b> 61011.C11877
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00064766	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 1717 Arch Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 19 / 2006

**Transaction ID:** 61011.C11745

Amount of Each Receipt this Period  
 2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address sixth & Marquette

City Minneapolis State MN Zip Code 55479

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 61011.C11984

Amount of Each Receipt this Period  
 3000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Yahoo! Inc. Pac

Mailing Address 444 N. Capitol St. NW Ste. 605

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2006

**Transaction ID:** 61011.C12015

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	111001.93

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Dan Allen

Mailing Address 608 South Riveria Ln.

City Yorktown State IN Zip Code 47396

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

Name of Employer Chamber of Commerce Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 296.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 61011.C12027

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10414 Ashcroft Way

City Fairfax State VA Zip Code 22032

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

Name of Employer FIDELIS Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2006

Transaction ID: 61011.C12001

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 428

City Summitville State IN Zip Code 46070

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

Name of Employer R&R Engineering Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

Transaction ID: 61011.C11989

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 / 224
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Philip Anschutz

Mailing Address 555 17th St., Ste. 2400

City State Zip Code  
Denver CO 80202

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

Name of Employer self Occupation  
self INVESTOR

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 61011.C11874

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10654 Sunset Point Lane

City State Zip Code  
Fishers IN 46038

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

Name of Employer self Occupation  
self Real Estate Investor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2705.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61011.C11958

Amount of Each Receipt this Period  
5.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
William Ball, Jr.

Mailing Address 5225 Nob Lane

City State Zip Code  
Indianapolis IN 46226

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

Name of Employer self Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

846.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61011.C11815

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2305.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Brent Batman

Mailing Address 3905 W. Brook Dr.

City Muncie State IN Zip Code 47304

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

Name of Employer Cardinal Health Systems Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

Transaction ID: 61011.C11985

Amount of Each Receipt this Period  
 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4249 N. Co. Rd. 450 W.

City Frankfort State IN Zip Code 46041

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2006

Transaction ID: 61011.C11814

Amount of Each Receipt this Period  
 400.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 274

City Milroy State IN Zip Code 46156

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

Name of Employer Harcourt Outlines, Inc. Occupation VICE PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

Transaction ID: 61011.C11922

Amount of Each Receipt this Period  
 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Josh Bradbury

Mailing Address 26 Shoreline

City State Zip Code  
Newport Coast CA 92657

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

Name of Employer Occupation  
Teaze of California Inc. OWNER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: 61011.C11878

Amount of Each Receipt this Period  
1200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 26 Shoreline

City State Zip Code  
Newport Coast CA 92657

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 31 / 2006

Transaction ID: 61011.C11879

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 110 E. Charles

City State Zip Code  
Muncie IN 47305

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

Name of Employer Occupation  
Beasley & Gilkison, LLP Lawyer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61011.C11859

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4300.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Audra Caldwell</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 434		Transaction ID: 61011.C11933
City Morristown	State IN	Zip Code 46161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Keramida Environmental	Occupation Industrial Hygienist	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Chapman</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 3545 Woodside Drive		Transaction ID: 61011.C12022
City Columbus	State IN	Zip Code 47203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cummins	Occupation VICE PRESIDENT	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Clarkson</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1464 W. 350 S.		Transaction ID: 61011.C11924
City Rushville	State IN	Zip Code 46173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Joe S. Columbe

Mailing Address 5556 W. St. Rd. 244

City Milroy State IN Zip Code 46156

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

Name of Employer self Occupation INVESTOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2006

Transaction ID: 61011.C11926

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 203 S. Lair Dr.

City Muncie State IN Zip Code 47303

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: 61011.C12054

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3605 W. Moore Rd.

City Muncie State IN Zip Code 47304

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

Name of Employer First Merchants Bank Occupation Auctions

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: 61011.C12053

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 224
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Michael Cox</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 6	
Mailing Address P.O. Box 792 905 N. Meadow Ln. 47304		Transaction ID: 61011.C11838	
City Muncie State IN Zip Code 47308-0792	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First Merchants Bank Occupation BANKER	Election Cycle-to-Date 1000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Robert Curtis</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 5505 W. Pineridge Rd		Transaction ID: 61011.C11884	
City Muncie State IN Zip Code 47304	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cardinal Health Care Systems Occupation President, CEO	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Robert Curtis</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 6	
Mailing Address 5505 W. Pineridge Rd		Transaction ID: 61011.C11988	
City Muncie State IN Zip Code 47304	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cardinal Health Care Systems Occupation President, CEO	Election Cycle-to-Date 2500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Verlin Custer

Mailing Address 1744 East 800 North

City State Zip Code  
Rushville IN 46173

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

Name of Employer self Occupation  
self Farmer & Electrical Contractor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11921

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3128 N. 150East

City State Zip Code  
Rushville IN 46173

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

Name of Employer self Occupation  
self OFFICE MANAGER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11927

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 207 N. High St.

City State Zip Code  
Muncie IN 47305

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

Name of Employer self Occupation  
self Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 6

Transaction ID: 61011.C12056

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Chuck East

Mailing Address 5600 North Sollars Drive

City Muncie State IN Zip Code 47304

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

Name of Employer: Central Indiana Orthopedics  
Occupation: Software Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt: 09 / 15 / 2006

Transaction ID: 61011.C12046

Amount of Each Receipt this Period: 100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Charles Fewell, Jr.

Mailing Address 613 Waterview Blvd.

City Greenfield State IN Zip Code 46140

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

Name of Employer: Milestone, Inc.  
Occupation: GOVERNMENT RELATIONS

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt: 08 / 04 / 2006

Transaction ID: 61011.C11821

Amount of Each Receipt this Period: 600.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 222 S. Mulberry St.

City Muncie State IN Zip Code 47308

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

Name of Employer: Fisher Properties of IN LLC  
Occupation: Business Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 09 / 12 / 2006

Transaction ID: 61011.C11839

Amount of Each Receipt this Period: 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
James A. Fisher

Mailing Address 222 S. Mulberry St.

City State Zip Code  
Muncie IN 47308

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

Name of Employer  
Fisher Properties of IN LLC

Occupation  
Business Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12004

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8925 N. 450 E.

City State Zip Code  
Rushville IN 46173

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11910

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8925 N. 450 E.

City State Zip Code  
Rushville IN 46173

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

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11909

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Nancy Fritsch

Mailing Address 4740 Winterberry Pl

City State Zip Code  
Columbus IN 47201

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: 61011.C11812

Amount of Each Receipt this Period  
600.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4704 S US 421

City State Zip Code  
Greensburg IN 47240

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

Name of Employer Blue River Telecommunications Occupation BUSINESS OWNER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2006

Transaction ID: 61011.C11899

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 514  
2500 W Berwyn Rd. 47304

City State Zip Code  
Boca Grande FL 33921

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 61011.C12031

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Raymond Geis

Mailing Address 1044 East Base Road

City Greensburg State IN Zip Code 47240

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

Transaction ID: 61011.C11935

Amount of Each Receipt this Period  
 125.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4011 W Riverside Ave

City Muncie State IN Zip Code 47304

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2006

Transaction ID: 61011.C12030

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2727 S. Parkway Dr.

City Muncie State IN Zip Code 47304

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

Transaction ID: 61011.C11991

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1625.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Pamela Hagedorn

Mailing Address 4330 N. Riverside Dr.

City State Zip Code  
Columbus IN 47203

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

Name of Employer  
Columbus Regional Hospital

Occupation  
Physical Therapist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11869

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4330 N. Riverside Dr.

City State Zip Code  
Columbus IN 47203

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

Name of Employer  
Columbus Regional Hospital

Occupation  
Physical Therapist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
470.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11864

Amount of Each Receipt this Period  
20.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Haller, DO

Mailing Address 4001 N. Lancaster

City State Zip Code  
Muncie IN 47304

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

Name of Employer  
self

Occupation  
Optometrist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2006

Transaction ID: 61011.C12051

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **470.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Jean Ann Harcourt

Mailing Address PO Box 128  
5679 W. St. Rd. 244

City Milroy State IN Zip Code 46156

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

Name of Employer Harcourt Outlines, Inc. Occupation OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 336.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 61011.C12066

Amount of Each Receipt this Period  
336.85

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 catering

**B.** Full Name (Last, First, Middle Initial)  
Jean Ann Harcourt

Mailing Address PO Box 128  
5679 W. St. Rd. 244

City Milroy State IN Zip Code 46156

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

Name of Employer Harcourt Outlines, Inc. Occupation OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1336.85

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11896

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5006 N. Weir Drive

City Muncie State IN Zip Code 47304

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

Name of Employer HOMEMAKER Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 0 6

Transaction ID: 61011.C12028

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1836.85**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary Heyob

Mailing Address 17148 Jerry Meyers Road

City State Zip Code  
Cambridge City IN 47327

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

Name of Employer Occupation  
Pro Crop Insurance INSURANCE AGENT

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61011.C12026

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1909 Valwood Dr..

City State Zip Code  
Fullerton CA 92831

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

Name of Employer Occupation  
Hofmeister Personal Jewel-ers C.E.O.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4046.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 25 / 2006

Transaction ID: 61011.C11980

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1145 Grimes Rd.

City State Zip Code  
Richmond IN 47374

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

Name of Employer Occupation  
self Houston MFG. & Design, INC.

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1146.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: 61011.C11809

Amount of Each Receipt this Period  
600.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Lloyd Howe

Mailing Address 5031 Trull Brook Dr.

City Noblesville State IN Zip Code 46060

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

Name of Employer The Precedent Companies, Inc.  
Occupation Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2006

Transaction ID: 61011.C11750

Amount of Each Receipt this Period  
600.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 6900 S. Gray Rd.

City Indianapolis State IN Zip Code 46237-9339

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

Name of Employer Turtle Creek Management  
Occupation EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61011.C11772

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5620 East Southport Road

City Indianapolis State IN Zip Code 46237

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

Name of Employer Basic American Industries, Inc.  
Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2006

Transaction ID: 61011.C11951

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Franklin Jackson

Mailing Address 6900 S. Gray Rd.

City Indianapolis State IN Zip Code 46237

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

Name of Employer FSJ, Inc Occupation MANAGER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 21 / 2006

Transaction ID: 61011.C11760

Amount of Each Receipt this Period  
 1200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5621 Woodworth Way

City Indianapolis State IN Zip Code 46237

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

Name of Employer Basic American Industries Occupation EXECUTIVE

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

Transaction ID: 61011.C11832

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 220 19th Street

City Columbus State IN Zip Code 47201

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2006

Transaction ID: 61011.C11868

Amount of Each Receipt this Period  
 150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Judith Jones

Mailing Address 220 19th Street

City Columbus State IN Zip Code 47201

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 455.00

Date of Receipt  
08 / 25 / 2006

Transaction ID: 61011.C11979

Amount of Each Receipt this Period  
5.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1700 Pennsylvania Ave. NW Ste. 950

City Washington State DC Zip Code 20006

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

Name of Employer **Valis and Associates** Occupation **partner**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 412.87

Date of Receipt  
07 / 24 / 2006

Transaction ID: 61011.C12068

Amount of Each Receipt this Period  
90.00

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 facility fees

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

Mailing Address 911 N. Briar Rd.

City Muncie State IN Zip Code 47304

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

Name of Employer **American Lawn Mower Co.** Occupation **Manufacturer**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
09 / 20 / 2006

Transaction ID: 61011.C11856

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1095.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Miriam Landau

Mailing Address 2212 Via Cerritos

City Palos Verdes Pen State CA Zip Code 90274

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

Name of Employer self Occupation Psychologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 61011.C11873

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 510 S. Co. Rd. 150 W.

City Greensburg State IN Zip Code 47240

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

Name of Employer TreeCity Tool&Engineering Co.In Occupation Sales Engineering

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11937

Amount of Each Receipt this Period  
 125.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 11582 N. 980 W.

City Greenfield State IN Zip Code 46140

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

Name of Employer State of Indiana Occupation Director of Head Start

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 296.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11920

Amount of Each Receipt this Period  
 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **875.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 14681 Thor Run

City State Zip Code  
Fortville IN 46040

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

Name of Employer self Occupation  
self Doctor

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2006

Transaction ID: 61011.C12052

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey M. Linder

Mailing Address 5752 E. River Rd.

City State Zip Code  
Waldron IN 46182

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

Name of Employer Ball State University Occupation  
VICE PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11834

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 705 Via Horcada

City State Zip Code  
Palos Verdes Pen CA 90274

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

Name of Employer HOMEMAKER Occupation  
HOMEMAKER

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2006

Transaction ID: 61011.C11872

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Ted Lucas

Mailing Address 1125 Constitution Dr.

City State Zip Code  
Edinburgh IN 46124

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

Name of Employer Milestone Occupation contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61011.C11822

Amount of Each Receipt this Period  
600.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3601 West Bethel

City State Zip Code  
Muncie IN 47304

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

Name of Employer Real Estate Broker Occupation Owner/President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61011.C11860

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5817 N. Cedar Springs

City State Zip Code  
Muncie IN 47304

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

Name of Employer Self-employed Dentist Occupation DENTIST

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11833

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Madinger

Mailing Address 210 S. Creedmoor Way

City Anderson State IN Zip Code 46011

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

Name of Employer Texas Roadhouse Occupation partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2046.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 61011.C11826

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 120 W. 11th St.

City Rushville State IN Zip Code 46173

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

Name of Employer Malson Law Office Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11913

Amount of Each Receipt this Period  
 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1690 Cielito Dr.

City Glendale State CA Zip Code 91207

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 1 0 / 2 0 0 6

Transaction ID: 61011.C11945

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Stephen May

Mailing Address 5900 Ashby Manor Pl.

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Cummins Occupation GOVERNMENT RELATIONS

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2006

Transaction ID: 61011.C12023

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1105 Executive Dr.

City State Zip Code  
Shelbyville IN 46176

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

Name of Employer City of Shelbyville Occupation Clerk-Treasurer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11908

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 277

City State Zip Code  
Syracuse IN 46567

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

Name of Employer MMM-Invest, Inc. Occupation VP/ Assistant Secretary

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61011.C11819

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
R. James Miller

Mailing Address 1987 Chapman Lake Drive

City State Zip Code  
Warsaw IN 46582-7839

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

Name of Employer Occupation  
MMM-Invest, Inc. VICE PRESIDENT

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61011.C11818

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
V. Richard Miller

Mailing Address 12275 N. Ogden Point Rd., #112

City State Zip Code  
Syracuse IN 46567

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

Name of Employer Occupation  
MMM Invest Inc. President/ CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61011.C11820

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3061 N. 350 E.

City State Zip Code  
Rushville IN 46173

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

Name of Employer Occupation  
IN Assoc. of School Principles EXECUTIVE DIRECTOR

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11925

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Julie Newhouse

Mailing Address P.O. Box 128  
301 N. Main St.

City State Zip Code  
Rushville IN 46173

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

Name of Employer self Occupation Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11923

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3557 Walnut Grove Ct.

City State Zip Code  
Columbus IN 47203

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

Name of Employer Cummins Occupation Mechancial Engineer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: 61011.C11895

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 901 N. Camden Dr.

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Information Requested Occupation Ph.D

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 61011.C11875

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles Pechette

Mailing Address 1018 Saratoga Circle

City Indianapolis State IN Zip Code 46280

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

Name of Employer Retired Occupation Builder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 19 / 2006

Transaction ID: 61011.C11756

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1018 Saratoga Circle

City Indianapolis State IN Zip Code 46280

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

Name of Employer Retired Occupation Builder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 27 / 2006

Transaction ID: 61011.C12032

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5223 Northwood Dr.

City Columbus State IN Zip Code 47201

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

Name of Employer Cummins Engine Co. Occupation VICE PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 04 / 2006

Transaction ID: 61011.C11817

Amount of Each Receipt this Period  
 1200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Patricia Phelps-Toler

Mailing Address P.O. Box 575

City Yorktown State IN Zip Code 47396

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12008

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Edward L. Probst

Mailing Address 1920 FranklIn

City Columbus State IN Zip Code 47201

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

Name of Employer self Occupation PHYSICIAN

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61011.C11861

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2820 W. Main St.

City Muncie State IN Zip Code 47304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2006

Transaction ID: 61011.C11855

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Hank Ricke

Mailing Address 3346 Nugent Blvd

City State Zip Code  
Columbus IN 47203

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 846.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: 61011.C11810

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 854 N. 500 W.

City State Zip Code  
Anderson IN 46011

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

Name of Employer Hydrotech Corp. Occupation ACCOUNTANT

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2200.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11813

Amount of Each Receipt this Period  
1200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 27 Forrests Edge Ct.

City State Zip Code  
Indianapolis IN 46227

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

Name of Employer Retired Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2006

Transaction ID: 61011.C11936

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph E. Samora, Jr.

Mailing Address 1332 Park Rd. NW Apt. C

City Washington State DC Zip Code 20010

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

Name of Employer Case New Holland Inc. Occupation Senior VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12000

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 901 N. Briar Rd.

City Muncie State IN Zip Code 47304-5103

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12003

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Gary N. Schahet

Mailing Address 9333 N. Meridian

City Indianapolis State IN Zip Code 46260

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

Name of Employer Schahet Hotels Inc. Occupation Hotel Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: 61011.C11824

Amount of Each Receipt this Period  
1100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Ed Schroeder

Mailing Address P.O. Box 339

City State Zip Code  
Rushville IN 46173

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

Name of Employer Occupation  
Schroeder Insurance OWNER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11928

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
A. Raymond Schwaller

Mailing Address 6733 Park Lane

City State Zip Code  
Palos Heights IL 60463

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2006

Transaction ID: 61011.C11754

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mary Ellen Schwaller

Mailing Address 6733 Park Lane

City State Zip Code  
Palos Heights IL 60463

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1046.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2006

Transaction ID: 61011.C11755

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
David Sheets

Mailing Address 2320 Steeple Chase

City State Zip Code  
Shelbyville IN 46176

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

Name of Employer Occupation  
Rush Shelby Energy Utility Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
General 2002

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2006

Transaction ID: 61011.C11929

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5679 W SR 244

City State Zip Code  
Milroy IN 46156

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

Name of Employer Occupation  
T-Time Designs, Inc. President & Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
336.85

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2006

Transaction ID: 61011.C12067

Amount of Each Receipt this Period  
336.85

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

003 catering

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

Mailing Address 5200 W. Pineridge Rd.

City State Zip Code  
Muncie IN 47304

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 61011.C12029

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1586.85**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address 7876 S. Retriever Ln.

City State Zip Code  
Zionsville IN 46077

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

Name of Employer Cummins Mid-States Power Inc.  
Occupation PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11828

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 3005

City State Zip Code  
Columbus IN 47202

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

Name of Employer Cummins  
Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

Transaction ID: 61011.C12024

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2628 S. Parkway Dr.

City State Zip Code  
Muncie IN 47304

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

Name of Employer Cardinal Health Systems  
Occupation President, BMH Foundation, Inc

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2006

Transaction ID: 61011.C11858

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Patty Starr

Mailing Address 8274 S. 600 E.

City Portland State IN Zip Code 47371

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

Name of Employer Auto Dealer Occupation self-employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61011.C11829

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 27520 Hawthorne Blvd. #270

City Palos Verdes Pen State CA Zip Code 90274

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

Name of Employer self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

Transaction ID: 61011.C11871

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 950 N. Meridian Suite 1200

City Indianapolis State IN Zip Code 46204

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

Name of Employer Clarian Health Occupation VP Sales and Marketing

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61013.C12069

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Dorothy Stinson

Mailing Address 5650 S. 600 E.

City Bluffton State IN Zip Code 46714

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

Name of Employer self Occupation FARMER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 30 / 2006

Transaction ID: 61011.C11892

Amount of Each Receipt this Period  
 100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Helen Rhea Stumbo

Mailing Address 314 W. Church St

City Fort Valley State GA Zip Code 31030

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

Name of Employer Web Wise Kids Occupation Internet Safety

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 793.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 19 / 2006

Transaction ID: 61011.C11757

Amount of Each Receipt this Period  
 143.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mary Jane Sursa

Mailing Address 3410 West University Avenue

City Muncie State IN Zip Code 47304

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2006

Transaction ID: 61011.C11850

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1243.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Maureen Syring

Mailing Address 5130 W. Churchill Ct.

City Muncie State IN Zip Code 47304

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12002

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address P.O. Box 575

City Yorktown State IN Zip Code 47396

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

Name of Employer Retired Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: 61011.C11851

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8181 W. SR 244

City Manilla State IN Zip Code 46150

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

Name of Employer Truster Buildings, Inc. Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 30 / 2006

Transaction ID: 61011.C11900

Amount of Each Receipt this Period  
750.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Lois Walker

Mailing Address 2660 South Priest Ford Road

City Yorktown State IN Zip Code 47396-9726

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

Name of Employer  
HOMEMAKER Occupation  
HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2006

Transaction ID: 61011.C11823

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2660 South Priest Ford Road

City Yorktown State IN Zip Code 47396-9726

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

Name of Employer  
HOMEMAKER Occupation  
HOMEMAKER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

Transaction ID: 61011.C11886

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 8804 West Tulip Tree Drive

City Muncie State IN Zip Code 47304

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

Name of Employer  
Muncie Power Products Inc Occupation  
PRESIDENT

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

Transaction ID: 61011.C11885

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Frederick Wehba

Mailing Address 1700 Green Acres Drive

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer self  
Occupation Entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2006

Transaction ID: 61011.C11854

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 7241 S. Wilbur Wright

City State Zip Code  
Cambridge City IN 47327

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

Name of Employer self  
Occupation FARMER

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2006

Transaction ID: 61011.C11881

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Whiteman, MD

Mailing Address 2525 University Ave., Ste. 501

City State Zip Code  
Muncie IN 47303

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

Name of Employer self  
Occupation MD

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

Transaction ID: 61011.C11986

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 66 / 224	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Joseph Wilson

Mailing Address 3801 W. Kingswood Ct.

City Muncie State IN Zip Code 47304-4200

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

Name of Employer Muncie Power Products Occupation C.E.O.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 29 / 2006

Transaction ID: 61011.C12007

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	69236.70

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 224	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Madison County Lincoln Club

Mailing Address 12 W. 8th St

City State Zip Code  
Anderson IN 46016

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  

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

Transaction ID: 61011.C11853

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 224	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
David Cantwell

Mailing Address 1526 Sandi Dr.

City State Zip Code  
Indianapolis IN 46260-

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

Name of Employer self Occupation  
self Computer Analyst

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2006

Transaction ID: 61011.C12021

Amount of Each Receipt this Period  
500.00

Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 224
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Markle Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2006	
Mailing Address P.O. Box 595		Transaction ID: 61011.C11955	
City State Zip Code Markle IN 46770-	Amount of Each Receipt this Period 2107.53		
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 9487.22		

Full Name (Last, First, Middle Initial) <b>B. Markle Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2006	
Mailing Address P.O. Box 595		Transaction ID: 61011.C11956	
City State Zip Code Markle IN 46770-	Amount of Each Receipt this Period 2373.07		
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 11860.29		

Full Name (Last, First, Middle Initial) <b>C. Star Financial Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006	
Mailing Address 735 Main Street		Transaction ID: 61011.C11957	
City State Zip Code Anderson IN 46016-	Amount of Each Receipt this Period 159.94		
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer  Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation  Election Cycle-to-Date ▼ 1503.21		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4640.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 224
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

**A.** Full Name (Last, First, Middle Initial)  
Star Financial Bank

Mailing Address 735 Main Street

City Anderson State IN Zip Code 46016-

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1661.71

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2006

**Transaction ID:** 61011.C11981

Amount of Each Receipt this Period  
158.50

Interest Received  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Star Financial Bank

Mailing Address 735 Main Street

City Anderson State IN Zip Code 46016-

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1757.32

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2006

**Transaction ID:** 61011.C12059

Amount of Each Receipt this Period  
95.61

Interest Received  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>254.11</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4894.65</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Perkins Nichols Media</b>		<b>Transaction ID:</b> 61011.E11467 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 7255 N. Shadeland Ave.		Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46260-	004 Category/ Type  ADVERTISING	
Purpose of Disbursement advertising		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Perkins Nichols Media</b>		<b>Transaction ID:</b> 61011.E11488 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 7255 N. Shadeland Ave.		Amount of Each Disbursement this Period 183000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46260-	004 Category/ Type  MEDIA ADVERTISING	
Purpose of Disbursement media advertising		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Advertising Specialties</b>		<b>Transaction ID:</b> 61011.E11508 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 432 E. 82nd St.		Amount of Each Disbursement this Period 536.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46250-	003 Category/ Type  MEMENTOS	
Purpose of Disbursement mementos		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	203536.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. XL Signs</b>		<b>Transaction ID:</b> 61011.E11471 <b>Date of Disbursement</b> 09 / 11 / 2006
Mailing Address PO Box 175		Amount of Each Disbursement this Period 600.00
City Alexandria State IN Zip Code 46001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising	Category/Type 004	ADVERTISING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Harrison Lake Country Club</b>		<b>Transaction ID:</b> 61011.E11289 <b>Date of Disbursement</b> 08 / 03 / 2006
Mailing Address Po Box 143		Amount of Each Disbursement this Period 7540.00
City Columbus State IN Zip Code 47202-0143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising catering and facili	Category/Type 003	FUNDRAISING CATERING AND FACILI
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Harrison Lake Country Club</b>		<b>Transaction ID:</b> 61011.E11407 <b>Date of Disbursement</b> 09 / 13 / 2006
Mailing Address Po Box 143		Amount of Each Disbursement this Period 4899.56
City Columbus State IN Zip Code 47202-0143	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising catering facility f	Category/Type 003	FUNDRAISING CATERING FACILI F
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13039.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Youth For Christ</b>		<b>Transaction ID:</b> 61011.E11477 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address Po Box 123		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46015-	Purpose of Disbursement Sponsorship Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSORSHIP

Full Name (Last, First, Middle Initial) <b>B. Glass Plus</b>		<b>Transaction ID:</b> 61011.E11105 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 7305		Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greenwood State IN Zip Code 46142-	Purpose of Disbursement office maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE MAINTENANCE

Full Name (Last, First, Middle Initial) <b>C. Muncie SportsPlex</b>		<b>Transaction ID:</b> 61011.E11100 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 425 N. High St.		Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Muncie State IN Zip Code 47305-	Purpose of Disbursement advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	574.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Muncie SportsPlex</b>		<b>Transaction ID:</b> 61011.E11429 <b>Date of Disbursement</b> 09 / 13 / 2006
Mailing Address 425 N. High St.		Amount of Each Disbursement this Period 350.00
City Muncie State IN Zip Code 47305-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising	Category/Type 004	ADVERTISING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Indiana Dept. of Workforce</b>		<b>Transaction ID:</b> 61011.E11156 <b>Date of Disbursement</b> 07 / 24 / 2006
Mailing Address 17 W. Market St.		Amount of Each Disbursement this Period 31.90
City Indianapolis State IN Zip Code 46204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll taxes	Category/Type 001	PAYROLL TAXES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Peninsula Hotel</b>		<b>Transaction ID:</b> 61011.E11408 <b>Date of Disbursement</b> 09 / 29 / 2006
Mailing Address 9882 Santa Monica Blvd.		Amount of Each Disbursement this Period 487.42
City Beverly Hills State CA Zip Code 90210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising catering facility	Category/Type 003	FUNDRAISING CATERING FACILITY
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	869.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Grace Holiness Church</b>		<b>Transaction ID:</b> 61011.E11472 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 3325 Pendleton Avenue		Amount of Each Disbursement this Period 500.00
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Promotional Materials	Category/Type 004	PROMOTIONAL MATERIALS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Top Dawg Graphics &amp; Promotions</b>		<b>Transaction ID:</b> 61011.E11280 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 13990 SR 32 East		Amount of Each Disbursement this Period 4427.62
City Noblesville State IN Zip Code 46060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising mementos	Category/Type 003	FUNDRAISING MEMENTOS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Top Dawg Graphics &amp; Promotions</b>		<b>Transaction ID:</b> 61011.E11505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 13990 SR 32 East		Amount of Each Disbursement this Period 223.66
City Noblesville State IN Zip Code 46060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising mementos	Category/Type 003	FUNDRAISING MEMENTOS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5151.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Sprint</b>		<b>Transaction ID:</b> 61011.E11163
Mailing Address PO Box 8077		Date of Disbursement 07 / 24 / 2006
City London	State KY	Zip Code 40742-
Purpose of Disbursement telephone	Amount of Each Disbursement this Period 398.27	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Sprint</b>		<b>Transaction ID:</b> 61011.E11468
Mailing Address PO Box 8077		Date of Disbursement 09 / 09 / 2006
City London	State KY	Zip Code 40742-
Purpose of Disbursement telephone	Amount of Each Disbursement this Period 750.99	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> TELEPHONE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. The Sign Age</b>		<b>Transaction ID:</b> 61011.E11310
Mailing Address 526 N. Pendleton Ave. #B		Date of Disbursement 08 / 01 / 2006
City Pendleton	State IN	Zip Code 46064-
Purpose of Disbursement promotional materials	Amount of Each Disbursement this Period 83.58	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PROMOTIONAL MATERIALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 004	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1232.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Kenny Allen/Muncie Soul Bowl</b>		Transaction ID: 61011.E11171 Date of Disbursement 07 / 14 / 2006	
Mailing Address    McCollough Park		Amount of Each Disbursement this Period 750.00	
City Muncie	State IN	Zip Code 47304-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISING
Purpose of Disbursement advertising		Category/ Type 004	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

Full Name (Last, First, Middle Initial) <b>B. Muncie Boys &amp; Girls Club</b>		Transaction ID: 61011.E11285 Date of Disbursement 08 / 16 / 2006	
Mailing Address    1710 S. Madison St.		Amount of Each Disbursement this Period 250.00	
City Muncie	State IN	Zip Code 47302-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  ADVERTISING
Purpose of Disbursement Advertising		Category/ Type 004	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

Full Name (Last, First, Middle Initial) <b>C. Phipps for Senate</b>		Transaction ID: 61011.E11315 Date of Disbursement 08 / 01 / 2006	
Mailing Address    PO Box 2099		Amount of Each Disbursement this Period 308.46	
City Muncie	State IN	Zip Code 47307-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FAIR SHARE PROMOTIONAL MA- TERIAL
Purpose of Disbursement fair share promotional material		Category/ Type 004	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1308.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Eighth Street Rentals</b>		<b>Transaction ID:</b> 61011.E11470
Mailing Address 2 West Eighth Street		Date of Disbursement 09 / 21 / 2006
City Anderson	State IN	Zip Code 46016-
Purpose of Disbursement Parking Rental	Amount of Each Disbursement this Period 225.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>PARKING RENTAL</b> Category/Type: 001	

Full Name (Last, First, Middle Initial) <b>B. Bickels Meetings and Banquets</b>		<b>Transaction ID:</b> 61011.E11296
Mailing Address 21 W. 8th St.		Date of Disbursement 08 / 01 / 2006
City Anderson	State IN	Zip Code 46016-
Purpose of Disbursement event facility fees	Amount of Each Disbursement this Period 350.00	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>EVENT FACILITY FEES</b> Category/Type: 007	

Full Name (Last, First, Middle Initial) <b>C. Conservative Victory Fund PAC</b>		<b>Transaction ID:</b> 61011.C12065IK
Mailing Address P.O. Box 15245		Date of Disbursement 07 / 26 / 2006
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement fundraising services	Amount of Each Disbursement this Period 455.85	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>IN KIND: FUNDRAISING SERVICES</b> Category/Type: 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1030.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Conservative Victory Fund PAC</b>		<b>Transaction ID:</b> 61011.C12064IK Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 15245		Amount of Each Disbursement this Period 369.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement faxing and event announcem Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: FAXING AND EVENT ANNOUNCEM

Full Name (Last, First, Middle Initial) <b>B. Anderson Covenant Academy</b>		<b>Transaction ID:</b> 61011.E11420 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 100 W Cross St.		Amount of Each Disbursement this Period 875.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CATERING

Full Name (Last, First, Middle Initial) <b>C. ADT</b>		<b>Transaction ID:</b> 60712.E10809 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 700 N. Madison Ave.		Amount of Each Disbursement this Period 177.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Muncie State IN Zip Code 47305-	Purpose of Disbursement office security Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SECURITY

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1421.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11123 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11124 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11126 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	861.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11128 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1574.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.33
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.33
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	861.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Jerry Alexander</b>		Transaction ID: 61011.E11247 Date of Disbursement 08 / 28 / 2006	
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
PAYROLL			

Full Name (Last, First, Middle Initial) <b>B. Jerry Alexander</b>		Transaction ID: 61011.E11449 Date of Disbursement 09 / 04 / 2006	
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.33	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
PAYROLL			

Full Name (Last, First, Middle Initial) <b>C. Jerry Alexander</b>		Transaction ID: 61011.E11491 Date of Disbursement 09 / 11 / 2006	
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 48.59	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement travel reimbursement Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
TRAVEL REIMBURSEMENT			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	623.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jerry Alexander		<b>Transaction ID:</b> 61011.E11494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 2246.00
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel reimbursement	Category/Type 002	TRAVEL REIMBURSEMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>B.</b> Full Name (Last, First, Middle Initial) Jerry Alexander		<b>Transaction ID:</b> 61011.E11450 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Category/Type 001	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>C.</b> Full Name (Last, First, Middle Initial) Jerry Alexander		<b>Transaction ID:</b> 61011.E11451 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.33
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll	Category/Type 001	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2820.65
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Jerry Alexander</b>		<b>Transaction ID:</b> 61011.E11452 <b>Date of Disbursement</b> 09 / 25 / 2006
Mailing Address 1410 VanBuskirk		Amount of Each Disbursement this Period 287.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Ron Arnold</b>		<b>Transaction ID:</b> 61011.E11176 <b>Date of Disbursement</b> 07 / 26 / 2006
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 86.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement travel reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>C. Ron Arnold</b>		<b>Transaction ID:</b> 61011.E11229 <b>Date of Disbursement</b> 08 / 01 / 2006
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4374.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Ron Arnold</b>		Transaction ID: 61011.E11295 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 185.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>B. Ron Arnold</b>		Transaction ID: 61011.E11298 Date of Disbursement MM / DD / YYYY 08 / 25 / 2006
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 1753.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Travel Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>C. Ron Arnold</b>		Transaction ID: 61011.E11489 Date of Disbursement MM / DD / YYYY 09 / 05 / 2006
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 1225.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46011-	Purpose of Disbursement travel reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3165.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Ron Arnold</b>		Transaction ID: 61011.E11435 Date of Disbursement 09 / 26 / 2006	
Mailing Address 3709 Tulip St.		Amount of Each Disbursement this Period 153.60	
City Anderson	State IN	Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement petty cash		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	PETTY CASH	

Full Name (Last, First, Middle Initial) <b>B. Chad Bowman</b>		Transaction ID: 61011.E11441 Date of Disbursement 09 / 04 / 2006	
Mailing Address 954 Division St. Apt. C		Amount of Each Disbursement this Period 82.80	
City Noblesville	State IN	Zip Code 46060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	PAYROLL	

Full Name (Last, First, Middle Initial) <b>C. Chad Bowman</b>		Transaction ID: 61011.E11442 Date of Disbursement 09 / 11 / 2006	
Mailing Address 954 Division St. Apt. C		Amount of Each Disbursement this Period 82.80	
City Noblesville	State IN	Zip Code 46060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll		Category/ Type 001	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	PAYROLL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	319.20
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Chad Bowman</b>		<b>Transaction ID:</b> 61011.E11443 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 954 Division St. Apt. C		Amount of Each Disbursement this Period 82.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Noblesville State IN Zip Code 46060-	Purpose of Disbursement payroll Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>B. Chad Bowman</b>		<b>Transaction ID:</b> 61011.E11444 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 954 Division St. Apt. C		Amount of Each Disbursement this Period 82.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Noblesville State IN Zip Code 46060-	Purpose of Disbursement payroll Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Bush Trophy</b>		<b>Transaction ID:</b> 61011.E11286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3423 Columbus Ave.		Amount of Each Disbursement this Period 449.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	Purpose of Disbursement trophies Candidate Name Category/Type: 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TROPHIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	615.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Gateway Business Direct</b>		<b>Transaction ID:</b> 61011.E11514	
Mailing Address P.O. Box 31012		Date of Disbursement 08 / 01 / 2006	
City Hartford	State CT	Zip Code 06150-	Amount of Each Disbursement this Period 128.80
Purpose of Disbursement office equipment	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>OFFICE EQUIPMENT</b>
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> 61011.E11093	
Mailing Address 300 1st St., Se		Date of Disbursement 07 / 24 / 2006	
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period 452.20
Purpose of Disbursement catering	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>CATERING</b>
State: District:	Category/Type 003		

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 61011.E11405	
Mailing Address 300 1st St., Se		Date of Disbursement 09 / 11 / 2006	
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period 844.24
Purpose of Disbursement catering	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>CATERING</b>
State: District:	Category/Type 003		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1425.24</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Pregnancy Care Center</b>		<b>Transaction ID:</b> 61011.E11480 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address 22 W. 8th St.		Amount of Each Disbursement this Period 250.00
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Banquet tickets	Category/Type 007	BANQUET TICKETS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Elwood Chamber of Commerce</b>		<b>Transaction ID:</b> 61011.E11511 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 108 S ANDERSON ST		Amount of Each Disbursement this Period 25.00
City Elwood State IN Zip Code 46036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement advertising	Category/Type 004	ADVERTISING
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Elwood Chamber of Commerce</b>		<b>Transaction ID:</b> 61011.E11426 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 108 S ANDERSON ST		Amount of Each Disbursement this Period 15.00
City Elwood State IN Zip Code 46036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event booth rental	Category/Type 007	EVENT BOOTH RENTAL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	290.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Anderson City Utilities</b>		<b>Transaction ID:</b> 61011.E11177 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 120 E. 8th St.		Amount of Each Disbursement this Period 318.48
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	001 Category/Type	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Anderson City Utilities</b>		<b>Transaction ID:</b> 61011.E11497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 120 E. 8th St.		Amount of Each Disbursement this Period 691.92
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	001 Category/Type	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Insight Communications</b>		<b>Transaction ID:</b> 61011.E11179 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 55.69
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement utilities Candidate Name	001 Category/Type	UTILITIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1066.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Insight Communications</b>		<b>Transaction ID:</b> 61011.E11308 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 177.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) <b>B. Insight Communications</b>		<b>Transaction ID:</b> 61011.E11498 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 335 E. 10th St.		Amount of Each Disbursement this Period 55.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) <b>C. SBC</b>		<b>Transaction ID:</b> 61011.E11157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 220 N. Meridian St.		Amount of Each Disbursement this Period 485.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	717.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. SBC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement Telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11159</p> <p>Date of Disbursement</p> <p>07 / 19 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>34.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p><b>B. SBC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement Telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11273</p> <p>Date of Disbursement</p> <p>08 / 16 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>35.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p><b>C. SBC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement Telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11274</p> <p>Date of Disbursement</p> <p>08 / 16 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>525.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>595.21</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. SBC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11481</p> <p>Date of Disbursement</p> <p>09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>510.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p><b>B. SBC</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 220 N. Meridian St.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement telephone 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11482</p> <p>Date of Disbursement</p> <p>09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>48.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>
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<p><b>C. Delaware County Chamber of Commerce</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Po Box 842</p> <p>City Muncie State IN Zip Code 47308-0842</p> <p>Purpose of Disbursement dues 001</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11434</p> <p>Date of Disbursement</p> <p>09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>139.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DUES</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>698.03</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Big Joes Event Services</b>		<b>Transaction ID:</b> 61011.E11101 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2440 S. Madison Ave.		Amount of Each Disbursement this Period 62.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement parade supplies Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PARADE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Big Joes Event Services</b>		<b>Transaction ID:</b> 61011.E11103 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2440 S. Madison Ave.		Amount of Each Disbursement this Period 158.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement parade supplies Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PARADE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Big Joes Event Services</b>		<b>Transaction ID:</b> 61011.E11428 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 2440 S. Madison Ave.		Amount of Each Disbursement this Period 100.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement parade supplies Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PARADE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	321.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 924 S. Shady Grove Rd.</p> <p>City Memphis State TN Zip Code 38120-</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11164</p> <p>Date of Disbursement</p> <p>07 / 19 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>93.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

<p><b>B. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 924 S. Shady Grove Rd.</p> <p>City Memphis State TN Zip Code 38120-</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11277</p> <p>Date of Disbursement</p> <p>08 / 16 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>82.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

<p><b>C. Federal Express</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 924 S. Shady Grove Rd.</p> <p>City Memphis State TN Zip Code 38120-</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11485</p> <p>Date of Disbursement</p> <p>09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>97.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>	
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>274.30</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Toles Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 627 Nichol Ave. City Anderson State IN Zip Code 46016- Purpose of Disbursement flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61011.E11092 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 483.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FLOWERS</b>
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<b>B. Toles Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 627 Nichol Ave. City Anderson State IN Zip Code 46016- Purpose of Disbursement flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61011.E11299 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 63.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FLOWERS</b>
--	--	--

<b>C. Toles Flowers</b> Full Name (Last, First, Middle Initial) Mailing Address 627 Nichol Ave. City Anderson State IN Zip Code 46016- Purpose of Disbursement flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61011.E11410 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Amount of Each Disbursement this Period 277.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FLOWERS</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	823.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. The Strategy Group For Media</b>		<b>Transaction ID:</b> 61011.E11490 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 3944 N. Hampton Dr.		Amount of Each Disbursement this Period 7000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Powell State OH Zip Code 43065-	Category/Type 004	
Purpose of Disbursement media Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEDIA
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jean Ann Harcourt</b>		<b>Transaction ID:</b> 61011.C12066IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address PO Box 128 5679 W. St. Rd. 244		Amount of Each Disbursement this Period 336.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milroy State IN Zip Code 46156-	Category/Type 003	
Purpose of Disbursement catering Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	IN KIND: CATERING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Allison Hines</b>		<b>Transaction ID:</b> 61011.E11109 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 2031 S. 900 E.		Amount of Each Disbursement this Period 160.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State IN Zip Code 47203-	Category/Type 001	
Purpose of Disbursement payroll Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7497.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A.</b> Allison Hines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2031 S. 900 E.</p> <p>City Columbus State IN Zip Code 47203-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11110</p> <p>Date of Disbursement</p> <p>07 / 10 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>160.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>	
<p><b>B.</b> Allison Hines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2031 S. 900 E.</p> <p>City Columbus State IN Zip Code 47203-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11111</p> <p>Date of Disbursement</p> <p>07 / 17 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>160.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>	
<p><b>C.</b> Allison Hines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2031 S. 900 E.</p> <p>City Columbus State IN Zip Code 47203-</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11174</p> <p>Date of Disbursement</p> <p>07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>80.72</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL REIMBURSEMENT</p>	

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

401.94

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Allison Hines</b> Full Name (Last, First, Middle Initial) Mailing Address 2031 S. 900 E. City Columbus State IN Zip Code 47203- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11113</b> Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 160.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>B. Allison Hines</b> Full Name (Last, First, Middle Initial) Mailing Address 2031 S. 900 E. City Columbus State IN Zip Code 47203- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11114</b> Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 160.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>C. Allison Hines</b> Full Name (Last, First, Middle Initial) Mailing Address 2031 S. 900 E. City Columbus State IN Zip Code 47203- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11232</b> Date of Disbursement 08 / 07 / 2006 Amount of Each Disbursement this Period 160.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>481.83</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A.</b> Allison Hines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2031 S. 900 E.</p> <p>City Columbus State IN Zip Code 47203-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11252</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="14"/> <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="160.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>B.</b> Allison Hines</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2031 S. 900 E.</p> <p>City Columbus State IN Zip Code 47203-</p> <p>Purpose of Disbursement travel reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11492</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="51.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TRAVEL REIMBURSEMENT</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p><b>C.</b> M.C. Homes</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 10 1/2 W. 8th St.</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement office maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11437</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="11"/> <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="225.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE MAINTENANCE</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="436.86"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Houston Manufacturing</b>		<b>Transaction ID:</b> 61011.E11168 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address Grimes Rd		Amount of Each Disbursement this Period 1998.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State IN Zip Code 47374-	Category/Type 006	
Purpose of Disbursement Promotional materials	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PROMOTIONAL MATERIALS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jeff Howe</b>		<b>Transaction ID:</b> 61011.E11495 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 9419 Constellation Dr.		Amount of Each Disbursement this Period 854.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pendleton State IN Zip Code 46064-	Category/Type 002	
Purpose of Disbursement travel reimbursement	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL REIMBURSEMENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>C. Harcourt Industries</b>		<b>Transaction ID:</b> 61011.E11169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 7765 S. 175 W.		Amount of Each Disbursement this Period 4261.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milroy State IN Zip Code 46156-	Category/Type 006	
Purpose of Disbursement promotional materials	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PROMOTIONAL MATERIALS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7113.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Harcourt Industries</b>		<b>Transaction ID:</b> 61011.E11104 Date of Disbursement 07 / 24 / 2006
Mailing Address 7765 S. 175 W.		Amount of Each Disbursement this Period 192.00
City Milroy State IN Zip Code 46156-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement promotional materials Candidate Name	Category/Type 006	PROMOTIONAL MATERIALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Valerie Jerrils</b>		<b>Transaction ID:</b> 61011.E11422 Date of Disbursement 09 / 11 / 2006
Mailing Address 313 E. 1000 N.		Amount of Each Disbursement this Period 88.00
City Alexandria State IN Zip Code 46001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event tickets Candidate Name	Category/Type 007	EVENT TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Karens Koffee</b>		<b>Transaction ID:</b> 61011.E11095 Date of Disbursement 07 / 24 / 2006
Mailing Address 3246 SR 9 N.		Amount of Each Disbursement this Period 36.90
City Anderson State IN Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name	Category/Type 001	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	316.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Karens Koffee</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3246 SR 9 N.</p> <p>City Anderson State IN Zip Code 46012-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 61011.E11302</b></p> <p>Date of Disbursement</p> <p>08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>29.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE SUPPLIES</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p><b>B. Matt Keelen</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1700 Pennsylvania Ave. NW Ste. 950</p> <p>City Washington State DC Zip Code 20006-</p> <p>Purpose of Disbursement facility fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 61011.C12068IK</b></p> <p>Date of Disbursement</p> <p>07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>90.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>IN KIND: FACILITY FEES</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>003</p>

<p><b>C. Huckaby- Davis-Lisker</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Suite 115 228 South Washington Street</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement FEC Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: 61011.E11275</b></p> <p>Date of Disbursement</p> <p>08 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FEC CONSULTING</b></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>001</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>1119.50</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Huckaby- Davis-Lisker</b>		<b>Transaction ID:</b> 61011.E11503 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address Suite 115 228 South Washington Street		Amount of Each Disbursement this Period 2003.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement FEC Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type FEC CONSULTING

Full Name (Last, First, Middle Initial) <b>B. Lon Brown Agency</b>		<b>Transaction ID:</b> 61011.E11278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address W. 9th St.		Amount of Each Disbursement this Period 893.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement event insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	003 Category/ Type EVENT INSURANCE

Full Name (Last, First, Middle Initial) <b>C. TermNet Merchant Services, Inc.</b>		<b>Transaction ID:</b> 61011.E11089 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address P.o. Box 723200		Amount of Each Disbursement this Period 107.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 31139-0200	Purpose of Disbursement bank fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type BANK FEES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3004.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. TermNet Merchant Services, Inc.</b>		<b>Transaction ID:</b> 61011.E11208 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address P.o. Box 723200		Amount of Each Disbursement this Period 51.42
City Atlanta State GA Zip Code 31139-0200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fees Candidate Name	Category/Type 001	<b>BANK FEES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. TermNet Merchant Services, Inc.</b>		<b>Transaction ID:</b> 61011.E11401 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 6
Mailing Address P.o. Box 723200		Amount of Each Disbursement this Period 36.58
City Atlanta State GA Zip Code 31139-0200	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fees Candidate Name	Category/Type 001	<b>BANK FEES</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Goldsberry Florist</b>		<b>Transaction ID:</b> 61011.E11404 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1266 S. 700 E.		Amount of Each Disbursement this Period 63.60
City Elwood State IN Zip Code 46036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement flowers Candidate Name	Category/Type 003	<b>FLOWERS</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	151.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Nextel</b>		<b>Transaction ID:</b> 61011.E11161 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address P.O. Box 172408		Amount of Each Disbursement this Period 389.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217-	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nextel</b>		<b>Transaction ID:</b> 61011.E11271 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 172408		Amount of Each Disbursement this Period 363.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217-	Category/Type 001	
Purpose of Disbursement Telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Nextel</b>		<b>Transaction ID:</b> 61011.E11466 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 172408		Amount of Each Disbursement this Period 363.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217-	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1116.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11139
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 07 / 03 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	Amount of Each Disbursement this Period 29.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11146
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 07 / 03 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	Amount of Each Disbursement this Period 446.58	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11140
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 07 / 10 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	Amount of Each Disbursement this Period 29.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>504.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 109 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11148	
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 10 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 446.58
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>PAYROLL TAXES</b>		

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11149	
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 17 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 446.58
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>PAYROLL TAXES</b>		

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11142	
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 17 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 29.13
Purpose of Disbursement payroll service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>PAYROLL SERVICE</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>922.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11151
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 24 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	Amount of Each Disbursement this Period 446.58	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> <b>PAYROLL TAXES</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11143
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 24 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	Amount of Each Disbursement this Period 29.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> <b>PAYROLL SERVICE</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11153
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 24 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll taxes	Amount of Each Disbursement this Period 298.92	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> <b>PAYROLL TAXES</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>774.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11152	
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 31 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 373.65
Purpose of Disbursement payroll taxes		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>PAYROLL TAXES</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11144	
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 31 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 29.13
Purpose of Disbursement payroll service		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>PAYROLL SERVICE</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11155	
Mailing Address 2905 E. 46th St.		Date of Disbursement 07 / 31 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 23.20
Purpose of Disbursement payroll taxes		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>PARYOLL TAXES</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>425.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11253
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll Service	Amount of Each Disbursement this Period 29.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11261
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 446.58	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11265
Mailing Address 2905 E. 46th St.		Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period 446.58	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>922.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11266
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 14 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period 2904.37	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	
PAYROLL TAXES		

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11255
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 14 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll Service	Amount of Each Disbursement this Period 29.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	
PAYROLL SERVICE		

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11267
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 21 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period 400.68	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 001	
PAYROLL TAXES		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3334.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11257
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 21 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll Service	Amount of Each Disbursement this Period 27.66	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>PAYROLL SERVICE</b>	

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11269
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 28 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period 400.70	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>PAYROLL TAXES</b>	

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11270
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 28 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement Payroll taxes	Amount of Each Disbursement this Period 281.32	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<b>PAYROLL TAXES</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>709.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11259	
Mailing Address 2905 E. 46th St.		Date of Disbursement 08 / 28 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 27.66
Purpose of Disbursement Payroll Service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11457	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 04 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 40.85
Purpose of Disbursement payroll service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		PAYROLL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11460	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 04 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 553.92
Purpose of Disbursement payroll taxes		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		PAYROLL TAXES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>622.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11458	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 11 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 29.13
Purpose of Disbursement payroll service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>PAYROLL SERVICE</b>		

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11462	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 11 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 287.86
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>PAYROLL TAXES</b>		

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11459	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 18 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 29.13
Purpose of Disbursement payroll service		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<b>PAYROLL SERVICE</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>346.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		Transaction ID: 61011.E11463	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 18 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 451.18
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	PAYROLL TAXES		

Full Name (Last, First, Middle Initial) <b>B. Advantage Payroll Service</b>		Transaction ID: 61011.E11464	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 25 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 290.72
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	PAYROLL TAXES		

Full Name (Last, First, Middle Initial) <b>C. Advantage Payroll Service</b>		Transaction ID: 61011.E11465	
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 25 / 2006	
City Indianapolis	State IN	Zip Code 46205-	Amount of Each Disbursement this Period 451.20
Purpose of Disbursement payroll taxes		001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	PAYROLL TAXES		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1193.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Advantage Payroll Service</b>		<b>Transaction ID:</b> 61011.E11461
Mailing Address 2905 E. 46th St.		Date of Disbursement 09 / 25 / 2006
City Indianapolis	State IN	Zip Code 46205-
Purpose of Disbursement payroll service	Amount of Each Disbursement this Period 29.13	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	PAYROLL SERVICE	

Full Name (Last, First, Middle Initial) <b>B. Michael Richard Pence</b>		<b>Transaction ID:</b> 61011.E11173
Mailing Address Po Box 408		Date of Disbursement 07 / 10 / 2006
City Anderson	State IN	Zip Code 46015-
Purpose of Disbursement mileage reimbursement	Amount of Each Disbursement this Period 722.24	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) <b>C. Michael Richard Pence</b>		<b>Transaction ID:</b> 61011.E11297
Mailing Address Po Box 408		Date of Disbursement 08 / 15 / 2006
City Anderson	State IN	Zip Code 46015-
Purpose of Disbursement Travel Reimbursement	Amount of Each Disbursement this Period 1362.59	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> Category/Type: 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	TRAVEL REIMBURSEMENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2113.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Transaction ID: 61011.E11165 Date of Disbursement 07 / 24 / 2006
Mailing Address 1505 Raible Ave		Amount of Each Disbursement this Period 62.00
City Anderson State IN Zip Code 46011-	Purpose of Disbursement postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		Transaction ID: 61011.E11483 Date of Disbursement 09 / 08 / 2006
Mailing Address 1505 Raible Ave		Amount of Each Disbursement this Period 160.00
City Anderson State IN Zip Code 46011-	Purpose of Disbursement postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE

Full Name (Last, First, Middle Initial) <b>C. Paust Printers</b>		Transaction ID: 61011.E11096 Date of Disbursement 07 / 24 / 2006
Mailing Address 14 N. Tenth St.		Amount of Each Disbursement this Period 887.22
City Richmond State IN Zip Code 47375-	Purpose of Disbursement printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1109.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11090																					
<b>A. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	5		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement fundraising consulting		Category/ Type 003	500.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>FUNDRAISING CONSULTING</b>																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11088																					
<b>B. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	5		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement political consulting		Category/ Type 001	750.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>POLITICAL CONSULTING</b>																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11181																					
<b>C. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	5		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement political consulting		Category/ Type 001	250.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>POLITICAL CONSULTING</b>																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 121 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11283																					
<b>A. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement fundraising Consulting		Category/ Type 003	500.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>FUNDRAISING CONSULTING</b>																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11506																					
<b>B. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies		Category/ Type 001	61.46																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>OFFICE SUPPLIES</b>																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11276																					
<b>C. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement political consulting		Category/ Type 001	750.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>POLITICAL CONSULTING</b>																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1311.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 122 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11507																					
<b>A. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement political consulting		Category/ Type 001	250.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>POLITICAL CONSULTING</b>																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11403																					
<b>B. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	1		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement fundraising consulting		Category/ Type 003	500.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>FUNDRAISING CONSULTING</b>																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> 61011.E11400																					
<b>C. Master Productions</b>		Date of Disbursement																					
Mailing Address 9419 W. Constellation Dr.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	1		2	0	0	6														
City Pendleton	State IN	Zip Code 46064-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Political Consulting		Category/ Type 001	750.00																				
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:	<b>POLITICAL CONSULTING</b>																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 123 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Master Productions</b>		Transaction ID: 61011.E11500 Date of Disbursement
Mailing Address 9419 W. Constellation Dr.		<input type="text" value="09"/> <input type="text" value="11"/> <input type="text" value="2006"/>
City Pendleton	State IN	Zip Code 46064-
Purpose of Disbursement political consulting	Amount of Each Disbursement this Period <input type="text" value="250.00"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> POLITICAL CONSULTING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type <input type="text" value="001"/>	

Full Name (Last, First, Middle Initial) <b>B. Master Productions</b>		Transaction ID: 61011.E11438 Date of Disbursement
Mailing Address 9419 W. Constellation Dr.		<input type="text" value="09"/> <input type="text" value="11"/> <input type="text" value="2006"/>
City Pendleton	State IN	Zip Code 46064-
Purpose of Disbursement office supplies	Amount of Each Disbursement this Period <input type="text" value="169.99"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type <input type="text" value="001"/>	

Full Name (Last, First, Middle Initial) <b>C. Madison County Rep. Central Comm</b>		Transaction ID: 61011.E11474 Date of Disbursement
Mailing Address 12 W. 8th St.		<input type="text" value="09"/> <input type="text" value="07"/> <input type="text" value="2006"/>
City Anderson	State IN	Zip Code 46016-
Purpose of Disbursement advertising	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> ADVERTISING	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type <input type="text" value="004"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1419.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Sams Club</b>		<b>Transaction ID:</b> 61011.E11098 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 8100 E. 96th St.		Amount of Each Disbursement this Period 537.60
City Fishers State IN Zip Code 46038-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement volunteer event catering	Candidate Name	007 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>VOLUNTEER EVENT CATERING</b>

Full Name (Last, First, Middle Initial) <b>B. Sams Club</b>		<b>Transaction ID:</b> 61011.E11287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 8100 E. 96th St.		Amount of Each Disbursement this Period 904.36
City Fishers State IN Zip Code 46038-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising mementos	Candidate Name	003 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISING MEMENTOS</b>

Full Name (Last, First, Middle Initial) <b>C. Sam Hanna for Sheriff Committee</b>		<b>Transaction ID:</b> 61011.E11172 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 1487 Country Club Way		Amount of Each Disbursement this Period 100.00
City Anderson State IN Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event tickets	Candidate Name	007 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>EVENT TICKETS</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1541.96
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Sam Hanna for Sheriff Committee</b>		<b>Transaction ID:</b> 61011.E11512 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 1487 Country Club Way		Amount of Each Disbursement this Period 1050.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING Category/Type: 004

Full Name (Last, First, Middle Initial) <b>B. Sam Hanna for Sheriff Committee</b>		<b>Transaction ID:</b> 61011.E11421 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1487 Country Club Way		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement event tickets / meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT TICKETS / MEALS Category/Type: 007

Full Name (Last, First, Middle Initial) <b>C. Terry Showalter</b>		<b>Transaction ID:</b> 61011.C12067IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 5679 W SR 244		Amount of Each Disbursement this Period 336.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Milroy State IN Zip Code 46156-	Purpose of Disbursement catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: CATERING Category/Type: 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1416.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Sign Pros</b> Full Name (Last, First, Middle Initial) Mailing Address 2102 Broadway City Anderson State IN Zip Code 46011- Purpose of Disbursement signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61011.E11167 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 209.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>SIGNS</b>
--	--	--

<b>B. PC Signs</b> Full Name (Last, First, Middle Initial) Mailing Address 2534 COMMERCE BLVD City Cincinnati State OH Zip Code 45241- Purpose of Disbursement promotional materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61011.E11170 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 6790.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PROMOTIONAL MATERIALS</b>
--	--	---

<b>C. Alan Siktberg</b> Full Name (Last, First, Middle Initial) Mailing Address 9235 Bluestone Circle City Indianapolis State IN Zip Code 46236- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 61011.E11130 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 Amount of Each Disbursement this Period 280.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7281.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Alan Siktberg</b>		<b>Transaction ID:</b> 61011.E11132 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.90
City Indianapolis State IN Zip Code 46236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alan Siktberg</b>		<b>Transaction ID:</b> 61011.E11134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.91
City Indianapolis State IN Zip Code 46236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alan Siktberg</b>		<b>Transaction ID:</b> 61011.E11135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.90
City Indianapolis State IN Zip Code 46236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll Candidate Name	Category/Type 001	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	842.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Alan Siktberg</b>		Transaction ID: 61011.E11175 Date of Disbursement 07 / 26 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 50.00	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement travel reimbursement Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

TRAVEL REIMBURSEMENT

Full Name (Last, First, Middle Initial) <b>B. Alan Siktberg</b>		Transaction ID: 61011.E11136 Date of Disbursement 07 / 31 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.91	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAYROLL

Full Name (Last, First, Middle Initial) <b>C. Alan Siktberg</b>		Transaction ID: 61011.E11223 Date of Disbursement 08 / 01 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 1500.00	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement Payroll Candidate Name	Category/Type 001 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1830.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Alan Siktberg</b>		Transaction ID: 61011.E11248 Date of Disbursement 08 / 07 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.90	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement Payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Alan Siktberg</b>		Transaction ID: 61011.E11249 Date of Disbursement 08 / 14 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.90	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement Payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Alan Siktberg</b>		Transaction ID: 61011.E11250 Date of Disbursement 08 / 21 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.91	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement Payroll Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	842.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Alan Siktberg</b>		<b>Transaction ID:</b> 61011.E11251 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.90
City Indianapolis State IN Zip Code 46236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll	Category/Type 001	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alan Siktberg</b>		<b>Transaction ID:</b> 61011.E11453 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 6
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.91
City Indianapolis State IN Zip Code 46236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement payroll	Category/Type 001	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alan Siktberg</b>		<b>Transaction ID:</b> 61011.E11487 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 1082.86
City Indianapolis State IN Zip Code 46236-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel reimbursement	Category/Type 002	TRAVEL REIMBURSEMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1644.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Alan Siktberg</b>		Transaction ID: 61011.E11454 Date of Disbursement 09 / 11 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 280.90	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**PAYROLL**

Full Name (Last, First, Middle Initial) <b>B. Alan Siktberg</b>		Transaction ID: 61011.E11455 Date of Disbursement 09 / 18 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 354.06	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**PAYROLL**

Full Name (Last, First, Middle Initial) <b>C. Alan Siktberg</b>		Transaction ID: 61011.E11456 Date of Disbursement 09 / 25 / 2006	
Mailing Address 9235 Bluestone Circle		Amount of Each Disbursement this Period 354.05	
City Indianapolis State IN Zip Code 46236-	Purpose of Disbursement payroll Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**PAYROLL**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>989.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 132 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Star Financial Bank</b>		<b>Transaction ID:</b> 61011.E11399 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 735 Main Street		Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement bank fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANK FEES</b>

Full Name (Last, First, Middle Initial) <b>B. Vectren</b>		<b>Transaction ID:</b> 61011.E11180 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 07 / 24 / 2006
Mailing Address 1630 N. MERIDIAN ST.		Amount of Each Disbursement this Period 16.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46202-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>UTILITIES</b>

Full Name (Last, First, Middle Initial) <b>C. Vectren</b>		<b>Transaction ID:</b> 61011.E11306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 1630 N. MERIDIAN ST.		Amount of Each Disbursement this Period 15.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46202-	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>UTILITIES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	42.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Vectren</b>		Transaction ID: 61011.E11499 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 1630 N. MERIDIAN ST.		Amount of Each Disbursement this Period 16.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46202-	Purpose of Disbursement utilities Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

Full Name (Last, First, Middle Initial) <b>B. Verizon South</b>		Transaction ID: 61011.E11160 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address P.o. Box 920041		Amount of Each Disbursement this Period 111.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

Full Name (Last, First, Middle Initial) <b>C. Verizon South</b>		Transaction ID: 61011.E11272 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address P.o. Box 920041		Amount of Each Disbursement this Period 119.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Purpose of Disbursement Telephone Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	248.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

PAGE 134 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon South</b>		<b>Transaction ID:</b> 61011.E11469 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address P.o. Box 920041		Amount of Each Disbursement this Period 113.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75392-0041	Category/Type 001	
Purpose of Disbursement telephone Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VISA</b>		<b>Transaction ID:</b> 61011.E11184 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 1695.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Madison State WI Zip Code 53707-1042	Category/Type	
Purpose of Disbursement SEE BELOW Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	SEE BELOW
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paradies Washington National</b>		<b>Transaction ID:</b> 61011.E10939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address Reagan Washinton National Airport		Amount of Each Disbursement this Period 12.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-	Category/Type 001	
Purpose of Disbursement Office Supplies Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1808.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 135 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2562 City Winston - Salem State NC Zip Code 27102- Purpose of Disbursement Air Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10949 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 343.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIR TRAVEL
---	--	--

<b>B. Gas America</b> Full Name (Last, First, Middle Initial) Mailing Address 2700 W. Main St. City Greenfield State IN Zip Code 46140- Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10950 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 21.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
--	--	---

<b>C. Arbys</b> Full Name (Last, First, Middle Initial) Mailing Address 2010 Mounds Road City Anderson State IN Zip Code 46013- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10958 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 31.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 136 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. National Car Rental</b>		Transaction ID: 61011.E10942 Date of Disbursement 07 / 24 / 2006
Mailing Address 288 St. James Ave.		Amount of Each Disbursement this Period 316.20
City Charleston State SC Zip Code 29445-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car Rental	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAR RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil Company</b>		Transaction ID: 61011.E10957 Date of Disbursement 07 / 24 / 2006
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 46.17
City Findlay State OH Zip Code 45840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hertz Rent A Car</b>		Transaction ID: 61011.E10976 Date of Disbursement 07 / 24 / 2006
Mailing Address 2100 W. Thompson Rd.		Amount of Each Disbursement this Period 489.11
City Indianapolis State IN Zip Code 46217-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car Rental	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CAR RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. TGI FRIDAYS</b>		<b>Transaction ID:</b> 61011.E10943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	
Mailing Address    Travel Meals		Amount of Each Disbursement this Period 63.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
City Indianapolis	State IN		Zip Code 46254-
Purpose of Disbursement Meals			Category/ Type 002
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

Full Name (Last, First, Middle Initial) <b>B. Cato Travel</b>		<b>Transaction ID:</b> 61011.E10947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	
Mailing Address    1925 N. LYNN ST, STE. 801		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL SERVICE	
City Arlington	State VA		Zip Code 22209-
Purpose of Disbursement Travel Service			Category/ Type 002
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

Full Name (Last, First, Middle Initial) <b>C. Westin Hotels</b>		<b>Transaction ID:</b> 61011.E10967 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6	
Mailing Address    50 S. CAPITOL AVE.		Amount of Each Disbursement this Period 25.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
City Indianapolis	State IN		Zip Code 46204-
Purpose of Disbursement Meals			Category/ Type 002
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:                      District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. VISA</b>		Transaction ID: 61011.E11182	
Mailing Address P.O. Box 77042		Date of Disbursement 07 / 24 / 2006	
City Madison	State WI	Zip Code 53707-1042	Amount of Each Disbursement this Period 2130.88
Purpose of Disbursement SEE BELOW	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type		SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Hyatt Hotels</b>		Transaction ID: 61011.E10870	
Mailing Address Park Ave & Grand Central Station		Date of Disbursement 07 / 24 / 2006	
City New York	State NY	Zip Code 10017-	Amount of Each Disbursement this Period 310.60
Purpose of Disbursement Lodging	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 002		<b>[MEMO ITEM]</b> MEMO: LODGING

Full Name (Last, First, Middle Initial) <b>C. Applebees</b>		Transaction ID: 61011.E10853	
Mailing Address 1922 East 53rd Street		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 70.59
Purpose of Disbursement Volunteer Meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 007		<b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2130.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 139 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Amazon.com</b>		Transaction ID: 61011.E10867 Date of Disbursement 07 / 24 / 2006	
Mailing Address P.O. Box2814		Amount of Each Disbursement this Period 40.51	
City Omaha State NE Zip Code 68103-	Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Gas America</b>		Transaction ID: 61011.E10872 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2700 W. Main St.		Amount of Each Disbursement this Period 7.38	
City Greenfield State IN Zip Code 46140-	Purpose of Disbursement Fuel Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FUEL

Full Name (Last, First, Middle Initial) <b>C. Amoco Oil Co.</b>		Transaction ID: 61011.E10871 Date of Disbursement 07 / 24 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 155.97	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Fuel Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FUEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 140 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Best Buy</b>		Transaction ID: 61011.E10865 Date of Disbursement 07 / 24 / 2006	
Mailing Address P.O. Box 9312		Amount of Each Disbursement this Period 370.94	
City Minneapolis State MN Zip Code 55440-	Purpose of Disbursement Equipment Maintenance Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: EQUIPMENT MAINTENANCE

Full Name (Last, First, Middle Initial) <b>B. Bruners Family Restaurant</b>		Transaction ID: 61011.E10864 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2200 W Kilgore Ave.		Amount of Each Disbursement this Period 37.24	
City Muncie State IN Zip Code 47304-	Purpose of Disbursement Volunteers Meals Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: VOLUNTEERS MEALS

Full Name (Last, First, Middle Initial) <b>C. Huffman Enterprises</b>		Transaction ID: 61011.E10859 Date of Disbursement 07 / 24 / 2006	
Mailing Address Madison Ave.		Amount of Each Disbursement this Period 201.57	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Parade Supplies Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: PARADE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Meijer</b>		Transaction ID: 61011.E10858 Date of Disbursement 07 / 24 / 2006
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 30.03
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Transaction ID: 61011.E10852 Date of Disbursement 07 / 24 / 2006
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 20.23
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Fundraising Event Supplies Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Marathon Oil Company</b>		Transaction ID: 61011.E10878 Date of Disbursement 07 / 24 / 2006
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 15.00
City Findlay State OH Zip Code 45840-	Purpose of Disbursement Fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 142 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Shell Oil Company</b>		<b>Transaction ID:</b> 61011.E10884	
Mailing Address P.O. Box 790070		Date of Disbursement MM / DD / YYYY 07 / 24 / 2006	
City Houston	State TX	Zip Code 77279-0070	
Purpose of Disbursement Fuel		Amount of Each Disbursement this Period 37.55	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> <b>[MEMO ITEM]</b> MEMO: FUEL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 002		

Full Name (Last, First, Middle Initial) <b>B. Olive Garden</b>		<b>Transaction ID:</b> 61011.E10855	
Mailing Address 4118 SCATTERFIELD RD.		Date of Disbursement MM / DD / YYYY 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46013-	
Purpose of Disbursement Meeting Meals		Amount of Each Disbursement this Period 73.00	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> <b>[MEMO ITEM]</b> MEMO: MEETING MEALS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 007		

Full Name (Last, First, Middle Initial) <b>C. Pay Less</b>		<b>Transaction ID:</b> 61011.E10857	
Mailing Address 1900 Applewood Drive		Date of Disbursement MM / DD / YYYY 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46013-	
Purpose of Disbursement Office Supplies		Amount of Each Disbursement this Period 62.57	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 143 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. PIP Printing</b>		<b>Transaction ID:</b> 61011.E10850 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1200 Meridian Plaza		Amount of Each Disbursement this Period 98.00
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Printing Candidate Name	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		<b>Transaction ID:</b> 61011.E10866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 6.65
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pizza King</b>		<b>Transaction ID:</b> 61011.E10856 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 523 Broadway		Amount of Each Disbursement this Period 45.72
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteers Meals Candidate Name	Category/Type 007	<b>[MEMO ITEM]</b> MEMO: VOLUNTEERS MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 144 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Real Hacienda Restaurant</b>		Transaction ID: 61011.E10854	
Mailing Address 14th St		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46016-	Amount of Each Disbursement this Period 44.92
Purpose of Disbursement Volunteer Meals		Category/ Type 007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Ruby Tuesday</b>		Transaction ID: 61011.E10891	
Mailing Address 5530 S. Scatterfield		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 122.04
Purpose of Disbursement Meals		Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: MEALS
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Sears</b>		Transaction ID: 61011.E10895	
Mailing Address Mounds Mall		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 37.17
Purpose of Disbursement Vehicle Maintenance		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. VISA</b>		Transaction ID: 61011.E11183 Date of Disbursement 07 / 24 / 2006
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 1823.41
City Madison State WI Zip Code 53707-1042	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Factory Card Outlet</b>		Transaction ID: 61011.E10904 Date of Disbursement 07 / 24 / 2006
Mailing Address 5605 Scatterfield Rd		Amount of Each Disbursement this Period 76.58
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Supplies Candidate Name	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Genes Rootbeer Stand</b>		Transaction ID: 61011.E10915 Date of Disbursement 07 / 24 / 2006
Mailing Address 640 E. SR 109		Amount of Each Disbursement this Period 38.27
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Meals Candidate Name	Category/Type 007	<b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1823.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Hyatt Hotels</b>		Transaction ID: 61011.E10921 Date of Disbursement 07 / 24 / 2006
Mailing Address Park Ave & Grand Central Station		Amount of Each Disbursement this Period 621.70
City New York State NY Zip Code 10017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging	Candidate Name	[MEMO ITEM] MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gas America</b>		Transaction ID: 61011.E10924 Date of Disbursement 07 / 24 / 2006
Mailing Address 9300 W. Smith St.		Amount of Each Disbursement this Period 79.11
City Yorktown State IN Zip Code 47396-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Candidate Name	[MEMO ITEM] MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		Transaction ID: 61011.E10917 Date of Disbursement 07 / 24 / 2006
Mailing Address 3632 Scatterfield Rd.		Amount of Each Disbursement this Period 12.06
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 147 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Applebees</b>		Transaction ID: 61011.E10916 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 1922 East 53rd Street		Amount of Each Disbursement this Period 55.20
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Meals	Candidate Name	<b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Amoco Oil Co.</b>		Transaction ID: 61011.E10927 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 152.09
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Milk Barn</b>		Transaction ID: 61011.E10928 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address E. 53rd and Scatterfield Rd.		Amount of Each Disbursement this Period 44.23
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Candidate Name	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Bob Evans</b>		Transaction ID: 61011.E10908 Date of Disbursement 07 / 24 / 2006	
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 59.15	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Meeting Meals Candidate Name	007 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>B. Family Bookstore</b>		Transaction ID: 61011.E10920 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2015 E. University Blvd.		Amount of Each Disbursement this Period 61.91	
City Anderson State IN Zip Code 46012-	Purpose of Disbursement Office Supplies Candidate Name	001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Gordons Food Service</b>		Transaction ID: 61011.E10913 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2110 E. 53rd		Amount of Each Disbursement this Period 12.82	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Fair Supplies Candidate Name	004 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FAIR SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Meijer</b>		Transaction ID: 61011.E10910 Date of Disbursement 07 / 24 / 2006	
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 3.47	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Office Supplies Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Transaction ID: 61011.E10903 Date of Disbursement 07 / 24 / 2006	
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 150.94	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Fundraising Event Supplies Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISING EVENT SUPPLIES	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Transaction ID: 61011.E10919 Date of Disbursement 07 / 24 / 2006	
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 195.00	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Postage Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 150 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Perkins</b> Full Name (Last, First, Middle Initial) Mailing Address 5260 S. Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10933 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 34.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
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<b>B. Pizza King</b> Full Name (Last, First, Middle Initial) Mailing Address 523 Broadway City Anderson State IN Zip Code 46016- Purpose of Disbursement Volunteers Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10911 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 32.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VOLUNTEERS MEALS
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<b>C. VISA</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11185 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 8649.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8649.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 151 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Harris Teeter</b> Full Name (Last, First, Middle Initial) Mailing Address 900 Army Navy Dr. City Arlington State VA Zip Code 22202-		<b>Transaction ID:</b> 61011.E10993 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Purpose of Disbursement 03 FUNDRAISING EVENT SUPPLIES Candidate Name		Amount of Each Disbursement this Period 69.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: 03 FUNDRAISING EVENT SUPPLIES

<b>B. Tire Barn</b> Full Name (Last, First, Middle Initial) Mailing Address S. Scatterfield City Anderson State IN Zip Code 46013-		<b>Transaction ID:</b> 61011.E11078 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Purpose of Disbursement Vehicle Maintenance Candidate Name		Amount of Each Disbursement this Period 6.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE

<b>C. Paradies Washington National</b> Full Name (Last, First, Middle Initial) Mailing Address Reagan Washinton National Airport City Washington State DC Zip Code 20001-		<b>Transaction ID:</b> 61011.E11073 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Purpose of Disbursement Office Supplies Candidate Name		Amount of Each Disbursement this Period 2.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 152 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Gas America</b>		<b>Transaction ID:</b> 61011.E11050 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 9300 W. Smith St.		Amount of Each Disbursement this Period 124.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Yorktown State IN Zip Code 47396-	Purpose of Disbursement Fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUEL

Full Name (Last, First, Middle Initial) <b>B. The Pampered Chef</b>		<b>Transaction ID:</b> 61011.E11006 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address One Pampered Chef Lane		Amount of Each Disbursement this Period 683.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Addison State IL Zip Code 60101-	Purpose of Disbursement Fair/Event Supplies Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FAIR/EVENT SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Cracker Barrel</b>		<b>Transaction ID:</b> 61011.E11002 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2012 E. 59th St.		Amount of Each Disbursement this Period 52.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Volunteers Meals Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: VOLUNTEERS MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rentacar</b>		<b>Transaction ID:</b> 61011.E11048 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 2213 St. Rd. 109 S.		Amount of Each Disbursement this Period 74.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Car Rental Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CAR RENTAL

Full Name (Last, First, Middle Initial) <b>B. AOL Online Service</b>		<b>Transaction ID:</b> 61011.E11026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address PO Box 2814		Amount of Each Disbursement this Period 239.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103-	Purpose of Disbursement Internet Access Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: INTERNET ACCESS

Full Name (Last, First, Middle Initial) <b>C. US Airways</b>		<b>Transaction ID:</b> 61011.E11037 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 2562		Amount of Each Disbursement this Period 4508.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Winston - Salem State NC Zip Code 27102-	Purpose of Disbursement Air Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 154 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Amoco Oil Co.</b>		Transaction ID: 61011.E11051 Date of Disbursement 07 / 24 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 144.45	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Fuel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>B. Arbys</b>		Transaction ID: 61011.E11065 Date of Disbursement 07 / 24 / 2006	
Mailing Address 2010 Mounds Road		Amount of Each Disbursement this Period 18.48	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>C. Bob Evans</b>		Transaction ID: 61011.E10996 Date of Disbursement 07 / 24 / 2006	
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 80.11	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Meeting Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Gateway Business Direct</b>		Transaction ID: 61011.E11021	
Mailing Address P.O. Box 31012		Date of Disbursement 07 / 24 / 2006	
City Hartford	State CT	Zip Code 06150-	Amount of Each Disbursement this Period 19.95
Purpose of Disbursement Office Equipment		Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Chilis</b>		Transaction ID: 61011.E11072	
Mailing Address 809 West McGalliard Road		Date of Disbursement 07 / 24 / 2006	
City Muncie	State IN	Zip Code 47304-	Amount of Each Disbursement this Period 47.00
Purpose of Disbursement Meals		Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: MEALS
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Transaction ID: 61011.E11012	
Mailing Address 265 S. Scatterfield Rd		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46012-	Amount of Each Disbursement this Period 3.36
Purpose of Disbursement Fair Supplies		Category/Type 004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Wwww.earthlink.net</b>		<b>Transaction ID:</b> 61011.E11024	
Mailing Address 1375 Peachtree St. Level A		Date of Disbursement 07 / 24 / 2006	
City Atlanta	State GA	Zip Code 30309-	Amount of Each Disbursement this Period 384.34
Purpose of Disbursement Telephone	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		<b>[MEMO ITEM]</b> MEMO: TELEPHONE

Full Name (Last, First, Middle Initial) <b>B. Evas Pancake House</b>		<b>Transaction ID:</b> 61011.E11000	
Mailing Address 831 Broadway		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46012-	Amount of Each Disbursement this Period 40.16
Purpose of Disbursement Meeting Meals	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 007		<b>[MEMO ITEM]</b> MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>C. Family Bookstore</b>		<b>Transaction ID:</b> 61011.E11022	
Mailing Address 2015 E. University Blvd.		Date of Disbursement 07 / 24 / 2006	
City Anderson	State IN	Zip Code 46012-	Amount of Each Disbursement this Period 91.12
Purpose of Disbursement Office Supplies	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Garfields</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2109 S. St Rd. 9</p> <p>City Anderson State IN Zip Code 46012-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11074</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="52.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p><b>B. Anderson Herald - Bulletin</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1133 Jackson St.</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11034</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="001"/></p>

<p><b>C. Holiday Inn</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3 Ravina Dr. Sutie 2000</p> <p>City Atlanta State GA Zip Code 30346-1249</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11039</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="162.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: LODGING</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p><input type="text" value="002"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 158 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Wall Street Journal</b>		<b>Transaction ID:</b> 61011.E11029 <b>Date of Disbursement</b> 07 / 24 / 2006
Mailing Address 84 Second Ave.		Amount of Each Disbursement this Period 17.98
City Chicopee      State MA      Zip Code 01020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION	
Purpose of Disbursement Subscription Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. US House Members Dining</b>		<b>Transaction ID:</b> 61011.E10994 <b>Date of Disbursement</b> 07 / 24 / 2006
Mailing Address Longworth HOB		Amount of Each Disbursement this Period 94.50
City Washington      State DC      Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
Purpose of Disbursement Meals Candidate Name		007 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Walmart</b>		<b>Transaction ID:</b> 61011.E11005 <b>Date of Disbursement</b> 07 / 24 / 2006
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 7.65
City Anderson      State IN      Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES	
Purpose of Disbursement Fair Supplies Candidate Name		004 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		Transaction ID: 61011.E11045 Date of Disbursement 07 / 24 / 2006
Mailing Address 1721 K St. NW		Amount of Each Disbursement this Period 419.30
City Washington State DC Zip Code 20006-	Purpose of Disbursement Air Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIR TRAVEL

Full Name (Last, First, Middle Initial) <b>B. Shell Oil Company</b>		Transaction ID: 61011.E11057 Date of Disbursement 07 / 24 / 2006
Mailing Address P.O. Box 790070		Amount of Each Disbursement this Period 32.00
City Houston State TX Zip Code 77279-0070	Purpose of Disbursement Fuel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL

Full Name (Last, First, Middle Initial) <b>C. Pay Less</b>		Transaction ID: 61011.E11001 Date of Disbursement 07 / 24 / 2006
Mailing Address 1900 Applewood Drive		Amount of Each Disbursement this Period 54.03
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Perkins</b> Full Name (Last, First, Middle Initial) Mailing Address 5260 S. Scatterfield Rd. City Anderson State IN Zip Code 46013- Purpose of Disbursement Volunteer Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10997 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS
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<b>B. Praxair</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 Polco Street City Indianapolis State IN Zip Code 46222- Purpose of Disbursement Parade Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11008 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 68.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PARADE SUPPLIES
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<b>C. The Star Press</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 2408 City Muncie State IN Zip Code 47307- Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11032 Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 14.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. RN Real One</b>		Transaction ID: 61011.E11016 Date of Disbursement 07 / 24 / 2006	
Mailing Address P.O. Box 3009		Amount of Each Disbursement this Period 12.99	
City Redmond State WA Zip Code 98073-	Purpose of Disbursement Subscription Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial) <b>B. RN Real One</b>		Transaction ID: 61011.E11018 Date of Disbursement 07 / 24 / 2006	
Mailing Address P.O. Box 3009		Amount of Each Disbursement this Period 29.98	
City Redmond State WA Zip Code 98073-	Purpose of Disbursement Software Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: SOFTWARE

Full Name (Last, First, Middle Initial) <b>C. Sears</b>		Transaction ID: 61011.E11079 Date of Disbursement 07 / 24 / 2006	
Mailing Address Mounds Mall		Amount of Each Disbursement this Period 32.28	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Vehicle Maintenance Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: VEHICLE MAINTENANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 162 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Speedway</b></p> <p>Full Name (Last, First, Middle Initial) Speedway</p> <p>Mailing Address 3210 N. Wheeling Ave.</p> <p>City Muncie State IN Zip Code 47304-</p> <p>Purpose of Disbursement Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11059</p> <p>Date of Disbursement 07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 51.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FUEL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 002</p>

<p><b>B. Ponderosa</b></p> <p>Full Name (Last, First, Middle Initial) Ponderosa</p> <p>Mailing Address 20006 St. Rd. 109</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement Volunteer Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11003</p> <p>Date of Disbursement 07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 155.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 007</p>

<p><b>C. New York Times</b></p> <p>Full Name (Last, First, Middle Initial) New York Times</p> <p>Mailing Address 229 W. 43RD ST.</p> <p>City New York State NY Zip Code 10036-</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11030</p> <p>Date of Disbursement 07 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 23.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type 001</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. VISA</b>		<b>Transaction ID:</b> 61011.E11329	
Mailing Address P.O. Box 77042		Date of Disbursement 08 / 04 / 2006	
City Madison	State WI	Zip Code 53707-1042	Amount of Each Disbursement this Period 2337.84
Purpose of Disbursement SEE BELOW		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SEE BELOW
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		<b>Transaction ID:</b> 61011.E11122	
Mailing Address 3632 Scatterfield Rd.		Date of Disbursement 08 / 04 / 2006	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 208.37
Purpose of Disbursement Fundraising Event Supplies		Category/ Type 003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Office Depot</b>		<b>Transaction ID:</b> 61011.E11138	
Mailing Address 3632 Scatterfield Rd.		Date of Disbursement 08 / 04 / 2006	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 74.19
Purpose of Disbursement Office Supplies		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2337.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 164 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Applebees</b>		Transaction ID: 61011.E11129 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1922 East 53rd Street		Amount of Each Disbursement this Period 54.20
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Meals	Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: VOLUNTEER MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Overstock.com</b>		Transaction ID: 61011.E11097 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 6350 South 3000 East		Amount of Each Disbursement this Period 414.34
City Salt Lake City State UT Zip Code 84121-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Supplies	Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: FUNDRAISING EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		Transaction ID: 61011.E11137 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 17200 Mercantile Blvd		Amount of Each Disbursement this Period 561.78
City Noblesville State IN Zip Code 46060-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Equipment	Candidate Name	<input type="checkbox"/> [MEMO ITEM] MEMO: OFFICE EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 165 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Amoco Oil Co.</b>		<b>Transaction ID:</b> 61011.E11150 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 56.84
City Carol Stream State IL Zip Code 60197-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Elder Beerman</b>		<b>Transaction ID:</b> 61011.E11099 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 2101 S. Scatterfield Rd.		Amount of Each Disbursement this Period 121.04
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Supplies	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		<b>Transaction ID:</b> 61011.E11091 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 265 S. Scatterfield Rd		Amount of Each Disbursement this Period 45.86
City Anderson State IN Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Supplies	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Golden House</b>		Transaction ID: 61011.E11107 Date of Disbursement 08 / 04 / 2006
Mailing Address 1222 Meridian		Amount of Each Disbursement this Period 49.21
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Huffman Enterprises</b>		Transaction ID: 61011.E11131 Date of Disbursement 08 / 04 / 2006
Mailing Address Madison Ave.		Amount of Each Disbursement this Period 199.81
City Anderson State IN Zip Code 46011-	Purpose of Disbursement Parade Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PARADE SUPPLIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KMART</b>		Transaction ID: 61011.E11125 Date of Disbursement 08 / 04 / 2006
Mailing Address 2828 Broadway		Amount of Each Disbursement this Period 45.78
City Anderson State IN Zip Code 46012-	Purpose of Disbursement Fair Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 167 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil Company</b>		<b>Transaction ID:</b> 61011.E11147 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 75.00
City Findlay State OH Zip Code 45840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pay Less</b>		<b>Transaction ID:</b> 61011.E11112 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1900 Applewood Drive		Amount of Each Disbursement this Period 50.89
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		<b>Transaction ID:</b> 61011.E11141 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 13.64
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Pilot Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Pilot Way City Anderson State IN Zip Code 46013- Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11145 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 123.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
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<b>B. Flashbacks</b> Full Name (Last, First, Middle Initial) Mailing Address 18 W. 9th St. City Anderson State IN Zip Code 46016- Purpose of Disbursement Meeting Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11102 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 15.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS
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<b>C. Speedway</b> Full Name (Last, First, Middle Initial) Mailing Address 3210 N. Wheeling Ave. City Muncie State IN Zip Code 47304- Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11154 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 32.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 169 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Target</b></p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address 5501 Scatterfield Rd</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11118</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="49.57"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="001"/></p>		

<p><b>B. Walgreens</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 128 W. 14th St</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement Fundraising Event Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11087</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.48"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text" value="003"/></p>		

<p><b>C. VISA</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 77042</p> <p>City Madison State WI Zip Code 53707-1042</p> <p>Purpose of Disbursement SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11327</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3291.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: <input type="text"/></p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3291.80"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Genes Rootbeer Stand</b>		<b>Transaction ID:</b> 61011.E11204 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 04 / 2006
Mailing Address 640 E. SR 109		Amount of Each Disbursement this Period 10.66
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Volunteer Meals	Category/Type 007	<b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		<b>Transaction ID:</b> 61011.E11211 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 04 / 2006
Mailing Address 3632 Scatterfield Rd.		Amount of Each Disbursement this Period 151.60
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Frys Electronics</b>		<b>Transaction ID:</b> 61011.E11213 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 04 / 2006
Mailing Address 9820 Kincaid Drive		Amount of Each Disbursement this Period 423.85
City Fishers State IN Zip Code 46038-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website Equipment	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: WEBSITE EQUIPMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 171 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Speedway</b>		Transaction ID: 61011.E11225 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
Mailing Address 3803 S. Scatterfield Rd		Amount of Each Disbursement this Period 39.04	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Fuel Candidate Name Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO: FUEL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Amoco Oil Co.</b>		Transaction ID: 61011.E11217 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 398.33	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Fuel Candidate Name Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO: FUEL	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Bob Evans</b>		Transaction ID: 61011.E11233 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 68.54	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Meals Candidate Name Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>[MEMO ITEM]</b> MEMO: MEALS	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Evas Pancake House</b>		<b>Transaction ID:</b> 61011.E11201 Date of Disbursement 08 / 04 / 2006
Mailing Address 831 Broadway		Amount of Each Disbursement this Period 63.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>B. Gordons Food Service</b>		<b>Transaction ID:</b> 61011.E11206 Date of Disbursement 08 / 04 / 2006
Mailing Address 2110 E. 53rd		Amount of Each Disbursement this Period 85.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Parade Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: PARADE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Hobby Lobby</b>		<b>Transaction ID:</b> 61011.E11187 Date of Disbursement 08 / 04 / 2006
Mailing Address 1804 N. State Rd. 109		Amount of Each Disbursement this Period 492.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46012-	Purpose of Disbursement Fundraising Event Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISING EVENT SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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PAGE 173 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Transaction ID: 61011.E11195 Date of Disbursement 08 / 04 / 2006
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 146.43
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Parade Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PARADE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Menards</b>		Transaction ID: 61011.E11194 Date of Disbursement 08 / 04 / 2006
Mailing Address 2245 E. 67th St.		Amount of Each Disbursement this Period 11.72
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Fair Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Marathon Oil Company</b>		Transaction ID: 61011.E11221 Date of Disbursement 08 / 04 / 2006
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 41.30
City Findlay State OH Zip Code 45840-	Purpose of Disbursement Fuel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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PAGE 174 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Olive Garden</b> Full Name (Last, First, Middle Initial) Mailing Address 4118 SCATTERFIELD RD. City Anderson State IN Zip Code 46013- Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11235 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 54.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
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<b>B. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11209 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 100.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
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<b>C. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11210 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 51.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

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

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Perkins</b>		Transaction ID: 61011.E11202 Date of Disbursement 08 / 04 / 2006
Mailing Address 5260 S. Scatterfield Rd.		Amount of Each Disbursement this Period 37.75
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: MEETING MEALS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Flashbacks</b>		Transaction ID: 61011.E11198 Date of Disbursement 08 / 04 / 2006
Mailing Address 18 W. 9th St.		Amount of Each Disbursement this Period 57.22
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: MEETING MEALS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Target</b>		Transaction ID: 61011.E11200 Date of Disbursement 08 / 04 / 2006
Mailing Address 5501 Scatterfield Rd		Amount of Each Disbursement this Period 15.88
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		[MEMO ITEM] MEMO: OFFICE SUPPLIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. VISA</b>		Transaction ID: 61011.E11186 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 35.00
City Madison State WI Zip Code 53707-1042	Category/Type 001	
Purpose of Disbursement Bank Fee	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: BANK FEE

Full Name (Last, First, Middle Initial) <b>B. VISA</b>		Transaction ID: 61011.E11130 Date of Disbursement 08 / 04 / 2006
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 390.76
City Madison State WI Zip Code 53707-1042	Category/Type	
Purpose of Disbursement SEE BELOW	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Chilis</b>		Transaction ID: 61011.E11084 Date of Disbursement 08 / 04 / 2006
Mailing Address 809 West McGalliard Road		Amount of Each Disbursement this Period 29.12
City Muncie State IN Zip Code 47304-	Category/Type 002	
Purpose of Disbursement Meals	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	390.76
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Shell Oil Company</b>		<b>Transaction ID:</b> 61011.E11085 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 790070		Amount of Each Disbursement this Period 72.92
City Houston State TX Zip Code 77279-0070	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Quality Inn</b>		<b>Transaction ID:</b> 61011.E11083 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1836 E. 64th St.		Amount of Each Disbursement this Period 67.20
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sunoco</b>		<b>Transaction ID:</b> 61011.E11080 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 135.49
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. VISA</b>		Transaction ID: 61011.E11332	
Mailing Address P.O. Box 77042		Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
City Madison	State WI	Zip Code 53707-1042	Amount of Each Disbursement this Period 5221.92
Purpose of Disbursement SEE BELOW		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SEE BELOW
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Harris Teeter</b>		Transaction ID: 61011.E10905	
Mailing Address 900 Army Navy Dr.		Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
City Arlington	State VA	Zip Code 22202-	Amount of Each Disbursement this Period 56.29
Purpose of Disbursement fundraising catering		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING CATERING
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Genes Rootbeer Stand</b>		Transaction ID: 61011.E10898	
Mailing Address 640 E. SR 109		Date of Disbursement MM / DD / YYYY 08 / 04 / 2006	
City Anderson	State IN	Zip Code 46013-	Amount of Each Disbursement this Period 50.58
Purpose of Disbursement meals		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: MEALS
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5221.92
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 179 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. The Sign Age</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 526 N. Pendleton Ave. #B</p> <p>City Pendleton State IN Zip Code 46064-</p> <p>Purpose of Disbursement Promotional Material</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E10941</p> <p>Date of Disbursement</p> <p>08 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>197.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: PROMOTIONAL MATERIAL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 004</p>

<p><b>B. Holiday Inn</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2480 W. Jonathan Moore Pike</p> <p>City Columbus State IN Zip Code 47201-</p> <p>Purpose of Disbursement Travel Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61012.E11515</p> <p>Date of Disbursement</p> <p>08 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>96.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL LODGING</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>C. Enterprise Rentacar</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2213 St. Rd. 109 S.</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement car rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E10971</p> <p>Date of Disbursement</p> <p>08 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>257.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CAR RENTAL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 180 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Enterprise Rentacar</b> Full Name (Last, First, Middle Initial) Mailing Address 2213 St. Rd. 109 S. City Anderson State IN Zip Code 46016- Purpose of Disbursement car rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10969 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 43.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CAR RENTAL
--	--	---

<b>B. US Airways</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2562 City Winston - Salem State NC Zip Code 27102- Purpose of Disbursement air travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10968 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 374.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: AIR TRAVEL
--	--	--

<b>C. Amoco Oil Co.</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4441 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10980 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 39.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Amoco Oil Co.</b>		Transaction ID: 61011.E10979 Date of Disbursement 08 / 04 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 36.45	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FUEL

Full Name (Last, First, Middle Initial) <b>B. Amoco Oil Co.</b>		Transaction ID: 61011.E10978 Date of Disbursement 08 / 04 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 40.27	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FUEL

Full Name (Last, First, Middle Initial) <b>C. Amoco Oil Co.</b>		Transaction ID: 61011.E10975 Date of Disbursement 08 / 04 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 45.31	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: FUEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Amoco Oil Co.</b>		Transaction ID: 61011.E10977 Date of Disbursement 08 / 04 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 52.27	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement fuel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>B. Bob Evans</b>		Transaction ID: 61011.E10890 Date of Disbursement 08 / 04 / 2006	
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 56.81	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007	

Full Name (Last, First, Middle Initial) <b>C. Gateway Business Direct</b>		Transaction ID: 61011.E10869 Date of Disbursement 08 / 04 / 2006	
Mailing Address P.O. Box 31012		Amount of Each Disbursement this Period 128.80	
City Hartford State CT Zip Code 06150-	Purpose of Disbursement office equipment	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Clancys CAR WASH</b>		<b>Transaction ID:</b> 61011.E10930 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 04 / 2006
Mailing Address 2211 E. 3RD ST.		Amount of Each Disbursement this Period 7.00
City Anderson State IN Zip Code 46013-	Purpose of Disbursement vehicle maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE

Full Name (Last, First, Middle Initial) <b>B. MCL Cafeteria</b>		<b>Transaction ID:</b> 61011.E10897 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 04 / 2006
Mailing Address 2109 St. Rd. 9		Amount of Each Disbursement this Period 105.14
City Anderson State IN Zip Code 46012-	Purpose of Disbursement meeting meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>C. MCL Cafeteria</b>		<b>Transaction ID:</b> 61011.E10896 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 04 / 2006
Mailing Address 2109 St. Rd. 9		Amount of Each Disbursement this Period 89.41
City Anderson State IN Zip Code 46012-	Purpose of Disbursement meeting meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 184 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Hunan Dynasty</b>		<b>Transaction ID:</b> 61011.E10876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 203 Pennsylvania South East		Amount of Each Disbursement this Period 545.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CATERING
City Washington State DC Zip Code 20003-		
Purpose of Disbursement Catering Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Jim Dandy</b>		<b>Transaction ID:</b> 61011.E10991 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1803 S. Anderson St.		Amount of Each Disbursement this Period 18.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
City Elwood State IN Zip Code 46036-		
Purpose of Disbursement meals Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Www.earthlink.net</b>		<b>Transaction ID:</b> 61011.E10940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1375 Peachtree St. Level A		Amount of Each Disbursement this Period 383.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TELEPHONE
City Atlanta State GA Zip Code 30309-		
Purpose of Disbursement telephone Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 185 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Bruners Family Restaurant</b>		Transaction ID: 61011.E10923 Date of Disbursement 08 / 04 / 2006
Mailing Address 2200 W Kilgore Ave.		Amount of Each Disbursement this Period 81.05
City Muncie State IN Zip Code 47304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meeting meals Candidate Name	007 Category/Type	<b>[MEMO ITEM]</b> MEMO: MEETING MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Garfields</b>		Transaction ID: 61011.E10882 Date of Disbursement 08 / 04 / 2006
Mailing Address 2109 S. St Rd. 9		Amount of Each Disbursement this Period 36.00
City Anderson State IN Zip Code 46012-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meals Candidate Name	007 Category/Type	<b>[MEMO ITEM]</b> MEMO: MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Anderson Herald - Bulletin</b>		Transaction ID: 61011.E10955 Date of Disbursement 08 / 04 / 2006
Mailing Address 1133 Jackson St.		Amount of Each Disbursement this Period 14.00
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement subscription Candidate Name	001 Category/Type	<b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 186 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. IHOP</b> Full Name (Last, First, Middle Initial) Mailing Address 1549 North Meridian Street City Indianapolis State IN Zip Code 46202- Purpose of Disbursement travel meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10894 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: TRAVEL MEALS
---	--	---

<b>B. Golden House</b> Full Name (Last, First, Middle Initial) Mailing Address 1222 Meridian City Anderson State IN Zip Code 46016- Purpose of Disbursement meeting meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10899 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 65.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS
---	--	--

<b>C. Wall Street Journal</b> Full Name (Last, First, Middle Initial) Mailing Address 84 Second Ave. City Chicopee State MA Zip Code 01020- Purpose of Disbursement subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10961 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 17.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Kroger</b> Full Name (Last, First, Middle Initial) Mailing Address 1900 Applewood Center City Anderson State IN Zip Code 46013- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10901 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 56.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
---	--	--

<b>B. Menards</b> Full Name (Last, First, Middle Initial) Mailing Address 2245 E. 67th St. City Anderson State IN Zip Code 46013- Purpose of Disbursement Fair Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10886 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 91.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES
---	--	--

<b>C. Indianapolis Motor Speedway</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 24915 City Indianapolis State IN Zip Code 46224- Purpose of Disbursement event tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10881 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 347.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: EVENT TICKETS
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 188 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Northwest Airlines</b>		<b>Transaction ID:</b> 61011.E10965 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1721 K St. NW		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20006-	Purpose of Disbursement travel fees Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL FEES

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil Company</b>		<b>Transaction ID:</b> 61011.E10973 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 55.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Findlay State OH Zip Code 45840-	Purpose of Disbursement fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUEL

Full Name (Last, First, Middle Initial) <b>C. Pizza King</b>		<b>Transaction ID:</b> 61011.E10922 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 523 Broadway		Amount of Each Disbursement this Period 62.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement volunteer meals Candidate Name Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 189 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Praxair</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 Polco Street City Indianapolis State IN Zip Code 46222- Purpose of Disbursement parade and fair supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10914 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 131.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PARADE AND FAIR SUPPLIES
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<b>B. Gaither Family Resource</b> Full Name (Last, First, Middle Initial) Mailing Address N. SR 9 City Alexandria State IN Zip Code 46001- Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10877 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 94.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
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<b>C. RN Real One</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 3009 City Redmond State WA Zip Code 98073- Purpose of Disbursement software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E10935 Date of Disbursement 08 / 04 / 2006 Amount of Each Disbursement this Period 14.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SOFTWARE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Speedway</b>		Transaction ID: 61011.E10981 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3210 N. Wheeling Ave.		Amount of Each Disbursement this Period 44.38
City Muncie State IN Zip Code 47304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fuel Candidate Name	002 Category/Type	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Speedway</b>		Transaction ID: 61011.E10974 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 3210 N. Wheeling Ave.		Amount of Each Disbursement this Period 50.05
City Muncie State IN Zip Code 47304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fuel Candidate Name	002 Category/Type	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Transaction ID: 61011.E10945 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 229 W. 43RD ST.		Amount of Each Disbursement this Period 23.92
City New York State NY Zip Code 10036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement subscription Candidate Name	001 Category/Type	<b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 191 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Walden Books</b>		Transaction ID: 61011.E10879 Date of Disbursement 08 / 04 / 2006
Mailing Address 2109 S. SCATTERFIELD RD		Amount of Each Disbursement this Period 86.62
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Wendys</b>		Transaction ID: 61011.E10985 Date of Disbursement 08 / 04 / 2006
Mailing Address 1805 ST RD 109		Amount of Each Disbursement this Period 21.51
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS

Full Name (Last, First, Middle Initial) <b>C. VISA</b>		Transaction ID: 61011.E11336 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 251.77
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	251.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Red Lobster</b></p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address 5806 scatterfield rd</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11263</p> <p><b>Date of Disbursement:</b> 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 62.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>B. Ruby Tuesday</b></p> <p>Full Name (Last, First, Middle Initial) Ruby Tuesday</p> <p>Mailing Address 5530 S. Scatterfield</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11254</p> <p><b>Date of Disbursement:</b> 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 80.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>C. Subway</b></p> <p>Full Name (Last, First, Middle Initial) Subway</p> <p>Mailing Address 406 1st Street, Se</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 61011.E11256</p> <p><b>Date of Disbursement:</b> 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 42.66</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type: 002</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 193 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Cato Travel</b>		Transaction ID: 61011.E11258 Date of Disbursement 09 / 15 / 2006	
Mailing Address 1925 N. LYNN ST, STE. 801		Amount of Each Disbursement this Period 20.00	
City Arlington State VA Zip Code 22209-	Purpose of Disbursement Travel Service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: TRAVEL SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. VISA</b>		Transaction ID: 61011.E11501 Date of Disbursement 09 / 15 / 2006	
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 2006.50	
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Harrison Lake Country Club</b>		Transaction ID: 61011.E11300 Date of Disbursement 09 / 15 / 2006	
Mailing Address Po Box 143		Amount of Each Disbursement this Period 80.13	
City Columbus State IN Zip Code 47202-0143	Purpose of Disbursement Fundraising mementos	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2006.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Dicks Sporting Goods</b>		Transaction ID: 61011.E11281 Date of Disbursement 09 / 15 / 2006
Mailing Address 14350 Cherry Tree Rd.		Amount of Each Disbursement this Period 103.16
City Carmel State IN Zip Code 46033-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Event Supplies Candidate Name	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Speedway</b>		Transaction ID: 61011.E11328 Date of Disbursement 09 / 15 / 2006
Mailing Address 3803 S. Scatterfield Rd		Amount of Each Disbursement this Period 95.95
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Enterprise Rentacar</b>		Transaction ID: 61011.E11326 Date of Disbursement 09 / 15 / 2006
Mailing Address 2213 St. Rd. 109 S.		Amount of Each Disbursement this Period 56.08
City Anderson State IN Zip Code 46016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement car rental Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: CAR RENTAL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 195 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Amoco Oil Co.</b>		Transaction ID: 61011.E11331 Date of Disbursement 09 / 15 / 2006	
Mailing Address P.O. Box 4441		Amount of Each Disbursement this Period 69.28	
City Carol Stream State IL Zip Code 60197-	Purpose of Disbursement Fuel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>B. Beaty Auto Service</b>		Transaction ID: 61011.E11346 Date of Disbursement 09 / 15 / 2006	
Mailing Address 407 E. 29th St.		Amount of Each Disbursement this Period 125.65	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Vehicle Maintenance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. Zinszers</b>		Transaction ID: 61011.E11303 Date of Disbursement 09 / 15 / 2006	
Mailing Address N. BROADWAY		Amount of Each Disbursement this Period 76.32	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Catering	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: CATERING	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. MCL Cafeteria</b>		Transaction ID: 61011.E11305 Date of Disbursement 09 / 15 / 2006
Mailing Address 2109 St. Rd. 9		Amount of Each Disbursement this Period 99.42
City Anderson State IN Zip Code 46012-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>B. Bruners Family Restaurant</b>		Transaction ID: 61011.E11307 Date of Disbursement 09 / 15 / 2006
Mailing Address 2200 W Kilgore Ave.		Amount of Each Disbursement this Period 47.31
City Muncie State IN Zip Code 47304-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>C. Gordons Food Service</b>		Transaction ID: 61011.E11314 Date of Disbursement 09 / 15 / 2006
Mailing Address 2110 E. 53rd		Amount of Each Disbursement this Period 40.26
City Anderson State IN Zip Code 46013-	Purpose of Disbursement Fair Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FAIR SUPPLIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Hobby Lobby</b> Full Name (Last, First, Middle Initial) Mailing Address 1804 N. State Rd. 109 City Anderson State IN Zip Code 46012-		Transaction ID: 61011.E11322 Date of Disbursement 09 / 15 / 2006
Purpose of Disbursement: office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 6.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

<b>B. Meijer</b> Full Name (Last, First, Middle Initial) Mailing Address 6610 Scatterfield Road City Anderson State IN Zip Code 46016-		Transaction ID: 61011.E11311 Date of Disbursement 09 / 15 / 2006
Purpose of Disbursement: Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 21.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001		

<b>C. Burger King</b> Full Name (Last, First, Middle Initial) Mailing Address 810 E. McGalliard Rd. City Muncie State IN Zip Code 47304-		Transaction ID: 61011.E11342 Date of Disbursement 09 / 15 / 2006
Purpose of Disbursement: Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 30.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 002		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 198 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil Company</b>		<b>Transaction ID:</b> 61011.E11337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 43.70
City Findlay State OH Zip Code 45840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fuel	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pay Less</b>		<b>Transaction ID:</b> 61011.E11312 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1900 Applewood Drive		Amount of Each Disbursement this Period 22.22
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		<b>Transaction ID:</b> 61011.E11324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 375.05
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 199 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Papa Johns</b>		<b>Transaction ID:</b> 61011.E11313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2040 S. St. Rd. 9		Amount of Each Disbursement this Period 65.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	<b>[MEMO ITEM]</b> MEMO: VOLUNTEERS MEALS	
Purpose of Disbursement Volunteers Meals Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sears</b>		<b>Transaction ID:</b> 61011.E11344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Mounds Mall		Amount of Each Disbursement this Period 33.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	<b>[MEMO ITEM]</b> MEMO: VEHICLE MAINTENANCE	
Purpose of Disbursement Vehicle Maintenance Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Texas Road House</b>		<b>Transaction ID:</b> 61011.E11304 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2115 N. Scatterfield Rd.		Amount of Each Disbursement this Period 62.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46013-	<b>[MEMO ITEM]</b> MEMO: MEETING MEALS	
Purpose of Disbursement Meeting Meals Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. The Toast</b></p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address 28 E. 13TH</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement Meeting Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11309</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 31.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: MEETING MEALS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 007</p>		

<p><b>B. Bath &amp; Body Works</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Muncie Mall - McGalliard Rd.</p> <p>City Muncie State IN Zip Code 47305-</p> <p>Purpose of Disbursement Fundraising Mementos</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11293</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 003</p>		

<p><b>C. VISA</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 77042</p> <p>City Madison State WI Zip Code 53707-1042</p> <p>Purpose of Disbursement SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 61011.E11334</p> <p>Date of Disbursement 09 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 4044.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type:</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>4044.61</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Factory Card Outlet</b></p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p>		<p><b>Transaction ID:</b> 61011.E11023</p> <p><b>Date of Disbursement</b> 09 / 15 / 2006</p>
<p>Mailing Address 5605 Scatterfield Rd</p>		<p>Amount of Each Disbursement this Period 15.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Anderson State IN Zip Code 46013-</p>	<p>Purpose of Disbursement fundraising decorations Candidate Name</p> <p>Category/Type: 003</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO: FUNDRAISING DECORATIONS</p>

<p><b>B. Genes Rootbeer Stand</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 61011.E11052</p> <p><b>Date of Disbursement</b> 09 / 15 / 2006</p>
<p>Mailing Address 640 E. SR 109</p>		<p>Amount of Each Disbursement this Period 22.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Anderson State IN Zip Code 46013-</p>	<p>Purpose of Disbursement meals Candidate Name</p> <p>Category/Type: 007</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO: MEALS</p>

<p><b>C. Office Depot</b></p> <p>Full Name (Last, First, Middle Initial)</p>		<p><b>Transaction ID:</b> 61011.E11033</p> <p><b>Date of Disbursement</b> 09 / 15 / 2006</p>
<p>Mailing Address 3632 Scatterfield Rd.</p>		<p>Amount of Each Disbursement this Period 122.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Anderson State IN Zip Code 46013-</p>	<p>Purpose of Disbursement office supplies Candidate Name</p> <p>Category/Type: 001</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. HH Gregg Appliances</b>		<b>Transaction ID:</b> 61011.E11015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 16680 Mecantile Blvd.		Amount of Each Disbursement this Period 604.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Noblesville State IN Zip Code 46060-	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS	
Purpose of Disbursement fundraising mementos Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		<b>Transaction ID:</b> 61011.E11009 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 9312		Amount of Each Disbursement this Period 1035.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55440-	<b>[MEMO ITEM]</b> MEMO: OFFICE EQUIPMENT	
Purpose of Disbursement office equipment Candidate Name		Category/Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID:</b> 61011.E11031 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 9312		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55440-	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS	
Purpose of Disbursement fundraising mementos Candidate Name		Category/Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 203 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. CVS</b> Full Name (Last, First, Middle Initial) Mailing Address 265 S. Scatterfield Rd City Anderson State IN Zip Code 46012- Purpose of Disbursement fundraising mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11020 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 53.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS
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<b>B. Dunhams</b> Full Name (Last, First, Middle Initial) Mailing Address 1716 S. St. Rd. 9 City Anderson State IN Zip Code 46013- Purpose of Disbursement promotional materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11044 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 20.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: PROMOTIONAL MATERIA-LS
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<b>C. Hobby Lobby</b> Full Name (Last, First, Middle Initial) Mailing Address 1804 N. State Rd. 109 City Anderson State IN Zip Code 46012- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11054 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 15.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Meijer</b>		Transaction ID: 61011.E11025 Date of Disbursement 09 / 15 / 2006	
Mailing Address 6610 Scatterfield Road		Amount of Each Disbursement this Period 844.97	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement fundraising meals/decorations Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEALS/DECORATIONS	

Full Name (Last, First, Middle Initial) <b>B. Burger King</b>		Transaction ID: 61011.E11062 Date of Disbursement 09 / 15 / 2006	
Mailing Address 810 E. McGalliard Rd.		Amount of Each Disbursement this Period 25.33	
City Muncie State IN Zip Code 47304-	Purpose of Disbursement meals Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: MEALS	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Transaction ID: 61011.E11056 Date of Disbursement 09 / 15 / 2006	
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 199.20	
City Anderson State IN Zip Code 46011-	Purpose of Disbursement postage Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Payless</b> Full Name (Last, First, Middle Initial) Mailing Address 1900 Applewood Center City Anderson State IN Zip Code 46013- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11042 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 17.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
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<b>B. Pilot Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Pilot Way City Anderson State IN Zip Code 46013- Purpose of Disbursement fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11058 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 48.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUEL
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<b>C. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address 1501 W. McGalliard Rd. City Muncie State IN Zip Code 47305- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11027 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 305.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Ponderosa</b> Full Name (Last, First, Middle Initial) Mailing Address 20006 St. Rd. 109 City Anderson State IN Zip Code 46016- Purpose of Disbursement volunteer meeting meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11046 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 72.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: VOLUNTEER MEETING MEALS
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<b>B. Target</b> Full Name (Last, First, Middle Initial) Mailing Address 5501 Scatterfield Rd City Anderson State IN Zip Code 46013- Purpose of Disbursement fundraising mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11019 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 152.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS
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<b>C. VISA</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11007 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: BANK FEE
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	0.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 207 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Walgreens</b>		Transaction ID: 61011.E11041 Date of Disbursement 09 / 15 / 2006	
Mailing Address 128 W. 14th St		Amount of Each Disbursement this Period 21.19	
City Anderson State IN Zip Code 46016-	Purpose of Disbursement office supplies Candidate Name	Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>B. Wendys</b>		Transaction ID: 61011.E11064 Date of Disbursement 09 / 15 / 2006	
Mailing Address 1805 ST RD 109		Amount of Each Disbursement this Period 12.75	
City Anderson State IN Zip Code 46013-	Purpose of Disbursement meals Candidate Name	Category/ Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**[MEMO ITEM]**  
MEMO: MEALS

Full Name (Last, First, Middle Initial) <b>C. VISA</b>		Transaction ID: 61011.E11502 Date of Disbursement 09 / 15 / 2006	
Mailing Address P.O. Box 77042		Amount of Each Disbursement this Period 4453.09	
City Madison State WI Zip Code 53707-1042	Purpose of Disbursement SEE BELOW Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4453.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Paradies Washington National</b>		<b>Transaction ID:</b> 61011.E11377 <b>Date of Disbursement</b> 09 / 15 / 2006
Mailing Address Reagan Washinton National Airport		Amount of Each Disbursement this Period 14.78
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office Supplies Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Speedway</b>		<b>Transaction ID:</b> 61011.E11396 <b>Date of Disbursement</b> 09 / 15 / 2006
Mailing Address 3803 S. Scatterfield Rd		Amount of Each Disbursement this Period 236.71
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fuel Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Air Tran</b>		<b>Transaction ID:</b> 61011.E11378 <b>Date of Disbursement</b> 09 / 15 / 2006
Mailing Address 9955 Air Tran Blvd		Amount of Each Disbursement this Period 620.60
City Orlando State FL Zip Code 32827-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Air Travel Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: AIR TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 209 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A. Holiday Inn</b></p> <p>Full Name (Last, First, Middle Initial) Mike Pence Committee</p>		<p><b>Transaction ID:</b> 61011.E11394</p> <p><b>Date of Disbursement</b> 09 / 15 / 2006</p>
<p>Mailing Address 2480 W. Jonathan Moore Pike</p>		<p>Amount of Each Disbursement this Period 267.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Columbus State IN Zip Code 47201-</p>	<p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Category/Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO: LODGING</p>

<p><b>B. Enterprise Rentacar</b></p> <p>Full Name (Last, First, Middle Initial) Enterprise Rentacar</p>		<p><b>Transaction ID:</b> 61011.E11382</p> <p><b>Date of Disbursement</b> 09 / 15 / 2006</p>
<p>Mailing Address 2213 St. Rd. 109 S.</p>		<p>Amount of Each Disbursement this Period 246.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Anderson State IN Zip Code 46016-</p>	<p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Category/Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO: CAR RENTAL</p>

<p><b>C. Amoco Oil Co.</b></p> <p>Full Name (Last, First, Middle Initial) Amoco Oil Co.</p>		<p><b>Transaction ID:</b> 61011.E11395</p> <p><b>Date of Disbursement</b> 09 / 15 / 2006</p>
<p>Mailing Address P.O. Box 4441</p>		<p>Amount of Each Disbursement this Period 350.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Carol Stream State IL Zip Code 60197-</p>	<p>Purpose of Disbursement fuel</p> <p>Candidate Name</p> <p>Category/Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>[MEMO ITEM]</b> MEMO: FUEL</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Frischs Anderson</b>		Transaction ID: 61011.E11357 Date of Disbursement 09 / 15 / 2006
Mailing Address 2121N. BROADWAY		Amount of Each Disbursement this Period 7.50
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meeting Meals Candidate Name	Category/Type 007	<b>[MEMO ITEM]</b> MEMO: MEETING MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bob Evans</b>		Transaction ID: 61011.E11385 Date of Disbursement 09 / 15 / 2006
Mailing Address 5555 Scaterfield Rd.		Amount of Each Disbursement this Period 83.00
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meeting meals Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: MEETING MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Dunhams</b>		Transaction ID: 61011.E11370 Date of Disbursement 09 / 15 / 2006
Mailing Address 1716 S. St. Rd. 9		Amount of Each Disbursement this Period 158.83
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement promotional materials Candidate Name	Category/Type 004	<b>[MEMO ITEM]</b> MEMO: PROMOTIONAL MATERIA-LS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 211 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Wwww.earthlink.net</b>		<b>Transaction ID:</b> 61011.E11368	
Mailing Address 1375 Peachtree St. Level A		Date of Disbursement 09 / 15 / 2006	
City Atlanta	State GA	Zip Code 30309-	Amount of Each Disbursement this Period 386.86
Purpose of Disbursement Telephone	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		<b>[MEMO ITEM]</b> MEMO: TELEPHONE

Full Name (Last, First, Middle Initial) <b>B. Hudson News</b>		<b>Transaction ID:</b> 61011.E11376	
Mailing Address One Meadowlands Plaza Ste. 902		Date of Disbursement 09 / 15 / 2006	
City East Rutherford	State NJ	Zip Code 07073-	Amount of Each Disbursement this Period 21.82
Purpose of Disbursement office supplies	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) <b>C. Anderson Herald - Bulletin</b>		<b>Transaction ID:</b> 61011.E11373	
Mailing Address 1133 Jackson St.		Date of Disbursement 09 / 15 / 2006	
City Anderson	State IN	Zip Code 46016-	Amount of Each Disbursement this Period 14.00
Purpose of Disbursement subscription	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		<b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Wall Street Journal</b>		Transaction ID: 61011.E11375 Date of Disbursement 09 / 15 / 2006
Mailing Address 84 Second Ave.		Amount of Each Disbursement this Period 17.98
City Chicopee      State MA      Zip Code 01020-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION	
Purpose of Disbursement subscription Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Burger King</b>		Transaction ID: 61011.E11387 Date of Disbursement 09 / 15 / 2006
Mailing Address 810 E. McGalliard Rd.		Amount of Each Disbursement this Period 11.19
City Muncie      State IN      Zip Code 47304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEALS	
Purpose of Disbursement meals Candidate Name		002 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Walmart</b>		Transaction ID: 61011.E11349 Date of Disbursement 09 / 15 / 2006
Mailing Address 4420 Scatterfield Rd.		Amount of Each Disbursement this Period 452.15
City Anderson      State IN      Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING EVENT SUPPLIES	
Purpose of Disbursement Fundraising Event Supplies Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Menards</b>		Transaction ID: 61011.E11356 Date of Disbursement 09 / 15 / 2006
Mailing Address 2245 E. 67th St.		Amount of Each Disbursement this Period 21.18
City Anderson State IN Zip Code 46013-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fair Supplies Candidate Name	Category/Type 004	<b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil Company</b>		Transaction ID: 61011.E11397 Date of Disbursement 09 / 15 / 2006
Mailing Address 539 South Main Street		Amount of Each Disbursement this Period 35.05
City Findlay State OH Zip Code 45840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fuel Candidate Name	Category/Type 002	<b>[MEMO ITEM]</b> MEMO: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Transaction ID: 61011.E11369 Date of Disbursement 09 / 15 / 2006
Mailing Address 1505 Raible Rd		Amount of Each Disbursement this Period 136.14
City Anderson State IN Zip Code 46011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage Candidate Name	Category/Type 003	<b>[MEMO ITEM]</b> MEMO: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Praxair</b> Full Name (Last, First, Middle Initial) Mailing Address 1400 Polco Street City Indianapolis State IN Zip Code 46222- Purpose of Disbursement Fair Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11361 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 160.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FAIR SUPPLIES
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<b>B. The Star Press</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 2408 City Muncie State IN Zip Code 47307- Purpose of Disbursement subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11372 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 14.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
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<b>C. Radio Shack</b> Full Name (Last, First, Middle Initial) Mailing Address 300 W. 3rd St City Fort Worth State TX Zip Code 76102- Purpose of Disbursement Fundraising Mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61011.E11347 Date of Disbursement 09 / 15 / 2006 Amount of Each Disbursement this Period 55.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: FUNDRAISING MEMENTOS
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Ponderosa</b>		Transaction ID: 61011.E11363 Date of Disbursement 09 / 15 / 2006
Mailing Address 20006 St. Rd. 109		Amount of Each Disbursement this Period 41.42
City Anderson State IN Zip Code 46016-	Purpose of Disbursement Meeting Meals Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: MEETING MEALS

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>		Transaction ID: 61011.E11371 Date of Disbursement 09 / 15 / 2006
Mailing Address 229 W. 43RD ST.		Amount of Each Disbursement this Period 23.92
City New York State NY Zip Code 10036-	Purpose of Disbursement Subscription Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION

Full Name (Last, First, Middle Initial) <b>C. Phillippe Water Equipment</b>		Transaction ID: 61011.E11178 Date of Disbursement 07 / 24 / 2006
Mailing Address 1124 Madison Avenue		Amount of Each Disbursement this Period 22.26
City Anderson State IN Zip Code 46016-	Purpose of Disbursement utilities Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Phillippe Water Equipment</b>		<b>Transaction ID:</b> 61011.E11496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1124 Madison Avenue		Amount of Each Disbursement this Period 246.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Anderson State IN Zip Code 46016-	Purpose of Disbursement parade supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 007 <b>PARADE SUPPLIES</b>

Full Name (Last, First, Middle Initial) <b>B. Mikah Wilson</b>		<b>Transaction ID:</b> 61011.E11115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <b>PAYROLL</b>

Full Name (Last, First, Middle Initial) <b>C. Mikah Wilson</b>		<b>Transaction ID:</b> 61011.E11117 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 6
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Daleville State IN Zip Code 47334-	Purpose of Disbursement payroll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001 <b>PAYROLL</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1406.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11119</b> Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>B. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11120</b> Date of Disbursement 07 / 24 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>C. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11121</b> Date of Disbursement 07 / 31 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1739.73
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. Mikah Wilson</b>		Transaction ID: 61011.E11294 Date of Disbursement 08 / 01 / 2006	
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 12.00	
City Daleville State IN Zip Code 47334-	Purpose of Disbursement event ticket reimbursement Candidate Name	007 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>EVENT TICKET REIMBURSEMENT</b>		

Full Name (Last, First, Middle Initial) <b>B. Mikah Wilson</b>		Transaction ID: 61011.E11282 Date of Disbursement 08 / 01 / 2006	
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 177.70	
City Daleville State IN Zip Code 47334-	Purpose of Disbursement fundraising mementos reimburse Candidate Name	003 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>FUNDRAISING MEMENTOS REIMBURSE</b>		

Full Name (Last, First, Middle Initial) <b>C. Mikah Wilson</b>		Transaction ID: 61011.E11224 Date of Disbursement 08 / 01 / 2006	
Mailing Address 12700 W Arrowhead Dr.		Amount of Each Disbursement this Period 1500.00	
City Daleville State IN Zip Code 47334-	Purpose of Disbursement Payroll Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>PAYROLL</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1689.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mikah Wilson</p>		<p><b>Transaction ID:</b> 61011.E11236 <b>Date of Disbursement</b> 08 / 07 / 2006</p>	
<p>Mailing Address 12700 W Arrowhead Dr.</p>		<p>Amount of Each Disbursement this Period 579.91</p>	
<p>City Daleville State IN Zip Code 47334-</p>	<p>Purpose of Disbursement Payroll</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type 001</p>	<p><b>PAYROLL</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mikah Wilson</p>		<p><b>Transaction ID:</b> 61011.E11240 <b>Date of Disbursement</b> 08 / 14 / 2006</p>	
<p>Mailing Address 12700 W Arrowhead Dr.</p>		<p>Amount of Each Disbursement this Period 579.91</p>	
<p>City Daleville State IN Zip Code 47334-</p>	<p>Purpose of Disbursement Payroll</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type 001</p>	<p><b>PAYROLL</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mikah Wilson</p>		<p><b>Transaction ID:</b> 61011.E11241 <b>Date of Disbursement</b> 08 / 21 / 2006</p>	
<p>Mailing Address 12700 W Arrowhead Dr.</p>		<p>Amount of Each Disbursement this Period 579.91</p>	
<p>City Daleville State IN Zip Code 47334-</p>	<p>Purpose of Disbursement PAYROLL</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p><b>PAYROLL</b></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1739.73</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11243</b> Date of Disbursement 08 / 28 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>B. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11445</b> Date of Disbursement 09 / 04 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>C. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement fundraising mementos reimbursem Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11406</b> Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 116.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FUNDRAISING MEMENTOS REIM-BURSEM</b>
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1276.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 221 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement reimburse office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11440</b> Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 13.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>REIMBURSE OFFICE SUPPLIES</b>
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<b>B. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11446</b> Date of Disbursement 09 / 11 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>C. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11447</b> Date of Disbursement 09 / 18 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1173.59</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

<b>A. Mikah Wilson</b> Full Name (Last, First, Middle Initial) Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11448</b> Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 579.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
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<b>B. Xerox Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address P.o. Box 660501 City Dallas State TX Zip Code 75266-0501 Purpose of Disbursement equipment maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11214</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 27.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>EQUIPMENT MAINTENANCE</b>
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<b>C. Xerox Corp.</b> Full Name (Last, First, Middle Initial) Mailing Address P.o. Box 660501 City Dallas State TX Zip Code 75266-0501 Purpose of Disbursement equipment maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 61011.E11212</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 27.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>EQUIPMENT MAINTENANCE</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>635.05</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 223 / 224

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

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

Mailing Address P.o. Box 660501

City Dallas State TX Zip Code 75266-0501

Purpose of Disbursement equipment maintenance

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 61011.E11402

Date of Disbursement

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

Amount of Each Disbursement this Period

27.57
-------

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

EQUIPMENT MAINTENANCE

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

27.57

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

352745.40

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Mike Pence Committee

Full Name (Last, First, Middle Initial) <b>A. NRCC</b>		<b>Transaction ID:</b> 61011.E11475 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 70000.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transfer	Candidate Name	Category/Type 008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. House Conservatives Fund</b>		<b>Transaction ID:</b> 61011.E11476 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 3101 Wilson Blvd. Ste. 810		Amount of Each Disbursement this Period 5000.00
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political Contribution	Candidate Name	Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	75000.00
<b>TOTAL</b> This Period (last page this line number only) .....	75000.00