

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 18 1 55 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>JULIA CARSON FOR CONGRESS COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C0031 1969</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>54 Monument Circle, Suite 600</b>		
CITY, STATE and ZIP CODE <b>Indianapolis, IN 46204</b>	STATE/DISTRICT <b>IN-10th</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- |   |  |
|---|--|
| <input type="checkbox"/> April 15 Quarterly Report                        | <input type="checkbox"/> 12-Day Pre-Election Report for the _____<br>(Type of Election)  |
| <input checked="" type="checkbox"/> July 15 Quarterly Report              | election on _____ in the State of _____  |
| <input type="checkbox"/> October 15 Quarterly Report                      | <input type="checkbox"/> 90-Day Post-Election Report for the _____<br>(Type of Election) |
| <input type="checkbox"/> January 31 Year End Report                       | election on _____ in the State of _____  |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report  |

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>4/18/96</u> through <u>6/30/96</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<del>33,088.94</del>	<del>84,310.94</del>
(b) Total Contribution Refunds (from Line 20(d))	1,000.00	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	32,088.94	83,310.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28,972.49	63,078.10
(b) Total Offsets to Operating Expenditures (from Line 14)	1,000.00	1,000.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	27,972.49	62,078.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	25,090.31	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	4,500.00	

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 <b>D. Robert Webster</b>	Date <b>7/12/96</b>
Signature of Treasurer <i>D. Robert Webster</i>	

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FED FORM 3)

Name of Committee (in full)	Report Covering the Period:		
JULIA CARSON FOR CONGRESS COMMITTEE	From: 4/18/96	To: 6/30/96	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A) -----	24,255.94		11(a)(i)
(ii) Unitemized -----	8,833.00		11(a)(ii)
(iii) Total of contributions from individuals -----	33,088.94	84,310.94	11(a)(iii)
(b) Political Party Committees -----			11(b)
(c) Other Political Committees (such as PACs) -----			11(c)
(d) The Candidate -----			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	33,088.94	84,310.94	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate -----		4,500.00	13(a)
(b) All Other Loans -----			13(b)
(c) TOTAL LOANS (add 13(a) and (b)) -----		4,500.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	1,000.00	1,000.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----			15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	33,446.41	89,168.41	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----	28,972.49	63,078.10	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate -----			19(a)
(b) Of All Other Loans -----			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees -----	1,000.00	1,000.00	20(a)
(b) Political Party Committees -----			20(b)
(c) Other Political Committees (such as PACs) -----			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	1,000.00	1,000.00	20(d)
21. OTHER DISBURSEMENTS -----			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	29,972.49	64,078.10	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	21,616.39	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	33,446.41	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	55,062.80	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	29,972.49	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	25,090.31	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 10  
FOR LINE NUMBER 11(a)(1)

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)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Bayt 420 Somerset Dr. W. Indianapolis, IN 46260			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/18/96	200.00
	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Demetrio Bayt 8170 E. 300 S. Zionsville, IN 46077			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/18/96	200.00
	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Bailey, Sr. 4000 Harrison Place Indianapolis, IN 46226			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Minister	4/24/96	500.00
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Danny Harris 1228 Cheshire Drive Indianapolis, IN 46241			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	500.00
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron E. Halth 151 N. Delaware St., Suite 740 Indianapolis, IN 46204	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/23/96	100.00
	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Hammerle 501 Indiana Ave., Suite 200 Indianapolis, IN 46202	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/22/96	500.00
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Brogan 6378 N. College Avenue Indianapolis, IN 46220	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/23/96	100.00
	Aggregate Year-to-Date > \$ 200.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 2,100.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **2** OF **10**  
FOR LINE NUMBER **11(a)(i)**

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NAME OF COMMITTEE (in Full)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Patrick Endsley 7033 Fremont Ct. Indianapolis, IN 46256	Retired	4/24/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David McCool P. O. Box 92 Indianapolis, IN 46206	Semi-retired	4/23/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary G. Taylor 734 N. Graham Ave. Indianapolis, IN 46219	American United Life Insurance Company	4/24/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
N. Stuart Grauel 735 Williams Cove Drive Indianapolis, IN 46260	Indianapolis Power & Light Co.	4/24/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen Rachies 160 Willow Road Zionsville, IN 46077	Crowe Chizek	4/24/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David W. Gray 1210 One American Square Indianapolis, IN 46282	Self-employed	4/24/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick & Geraldine Chavis 151 N. Delaware St., Suite 1640 Indianapolis, IN 46204	Chavis & Chavis	4/24/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional) ..... **1,600.00**

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

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NAME OF COMMITTEE (in Full)  
JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo & Michelle Lagrotte 9925 Tudor Ct. Fishers, IN 46038	Milano Inn		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/24/96	200.00
	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leo & Sandra Lagrotte 4085 Waterbrook Way Greenwood, IN 46143	Milano Inn		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/24/96	250.00
	Executive		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat Bauer 1307 Sunnymead Avenue South Bend, IN 46615	State of Indiana		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/24/96	200.00
	Legislator		
	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Bailey 4000 Harrison Place Indianapolis, IN 46226			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	10.00
	Minister		
	Aggregate Year-to-Date > \$ 510.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Anderson 9210 N. Haverstick Road Indianapolis, IN 46240	U.S. Dept. of Justice		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	200.00
	U.S. Marshal		
	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paula E. LaPossa 357 East 7th Street Indianapolis, IN 46202-3357	Marion County, Indiana		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	250.00
	Judge		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Berger 7654 Holiday Drive West Indianapolis, IN 46260			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	1,000.00
	Retail Store Management		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) ..... 2,110.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 10  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Dill McCarty 151 N. Delaware, Suite 1150 Indianapolis, IN 46204	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/29/96	296.92
	Aggregate Year-to-Date > \$ 1296.92		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David K. Margerum 302 North East Street Indianapolis, IN 46202	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/30/96	200.00
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. Sargent Visser 151 N. Delaware, Suite 740 Indianapolis, IN 46204	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/30/96	400.00
	Aggregate Year-to-Date > \$ 925.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. Michael Bowman 136 E. Market St., Suite 700 Indianapolis, IN 46204	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/30/96	200.00
	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Price 1700 One American Square, Box 82053 Indianapolis, IN 46282-0003	Lewis & Kappes		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/24/96	200.00
	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron Halth 151 N. Delaware, #740 Indianapolis, IN 46204	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	5/1/96	200.00
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rudy Clay 400 Broadway Gary, IN 46307	Lake County, Indiana		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation County Commissioner	5/1/96	100.00
	Aggregate Year-to-Date > \$ 200.00		

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

1,596.92

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 10  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (in Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sam Carson 4320 Black Oak Drive Indianapolis, IN 46208	Retired	5/1/96	400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sydney F. Arak 7025 N. Washington Blvd. Indianapolis, IN 46220		5/2/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew & Cella Jackson 6724 W. 1505 Morgantown, IN 46160	Indiana Attorney General	5/2/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy S. Papas 9235 Crestview Drive Indianapolis, IN 46240	ISTA	5/5/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marion County Democratic Central Committee 1099 N. Meridian Street, Suite 915 Indianapolis, IN 46204	Central Committee	5/5/96	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,800.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. McKinney 135 N. Pennsylvania St. Indianapolis, IN 46204	First Indiana Bank	5/1/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip & Jean Smith 611 Dellingham Dr. Indianapolis, IN 46260	Retired	5/1/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **6** OF **10**  
FOR LINE NUMBER **11(a)(i)**

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**NAME OF COMMITTEE (in Full)**

**JULIA CARSON FOR CONGRESS COMMITTEE**

<b>A. Full Name, Mailing Address and ZIP Code</b> Ellen O'Connor 302 North East Street Indianapolis, IN 46202	Name of Employer Self-employed	Date (month, day, year) 5/20/96	Amount of Each Receipt this Period 250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 350.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Joseph M. Dietz 251 E. Ohio St., Suite 830 Indianapolis, IN 46204	Name of Employer Self-employed	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period 200.00
	Occupation Attorney Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Ms. Iraline G. Barnes 3000 Albemarle Street, N.W. Washington, DC 20005	Name of Employer PEPLD	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period 250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Birch Bayh 5019 Lowell Street, N.W. Washington, DC 20016	Name of Employer Bayh Connaughton & Malone, PC	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period 500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> A. Scott Bolden 2122 Observatory Place, N.W. Washington, DC 20007	Name of Employer Read Smith	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period 250.00
	Occupation Attorney Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> John Clyburn 2711 Unicay Lane, N.W. Washington, DC 20015	Name of Employer Self-employed	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period 200.00
	Occupation Attorney Aggregate Year-to-Date > \$ 200.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Tony & Phyllis Coelho 763 Battery Place Alexandria, VA 22314	Name of Employer Educational Technology, ETC	Date (month, day, year) 6/5/96	Amount of Each Receipt this Period 500.00
	Occupation Retired Fed. Employee Aggregate Year-to-Date > \$ 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

**2,150.00**

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)  
**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ivanhoe Donaldson 3807 Rodman Street, N.W. Washington, DC 20016	Business Consultant Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bus. Consultant	6/5/96	1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane T. Feldman 211 G Street, S.W. Washington, DC 20024	The Feldman Group, Inc.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	6/5/96	250.00
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marie Johns 4849 Broad Brook Drive Bethesda, MD 20814	Sell Atlantic, Washington, D.C. Inc.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation External Affairs	6/5/96	250.00
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reta Jo Lewis 2030 16th Street, N.W. Washington, DC 20009	Arten & Hadder		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	6/5/96	250.00
	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Martin 907 6th Street, S.W. Washington, DC 20024	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/5/96	250.00
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rufus Myers, Jr. 1328 29th Street, S.E. Washington, DC 20020	U.S. House of Rep.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/5/96	202.02
	Aggregate Year-to-Date > \$ 202.02		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens for Eleanor Holmes Norton 2201 Wisconsin Ave., N.W., Suite 320 Washington, DC 20007	Member of Congress		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Congresswoman	6/5/96	250.00
	Aggregate Year-to-Date > \$ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2,452.02
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elijah Rogers 4011 16th Street, N.W. Washington, DC 20011	Delom Hampton & Associates Occupation: President of above	6/5/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan Eads Role 520 E St., N.E., No. 303 Washington, DC 20002	U.S. Rep. Marea Kaptur Occupation: Attorney	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Stewart 12703 Longwater Drive Mitchellville, MD 20721	Montgomery Mechanical Occupation: President of above	6/5/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David W. Wilmot 1653 Kalmia Road Washington, DC 20012	Self-employed Occupation:	6/5/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fran Quigley 735 West New York Street Indianapolis, IN 46202	IU Law School CONTRIBUTION IN KIND Occupation: Lawyer	6/10/96	197.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 353.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jennifer L. Graham 1705 N. Meridian Street Indianapolis, IN 46202	Hirsh & Graham Occupation: Attorney	6/17/96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marvin R. Martin 907 6th Street, S.W. Washington, DC 20024	Self-employed Occupation:	6/16/96	750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

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

2,747.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 10  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne Ardery 3343 Devereaux Indianapolis, IN 46208	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Artist	6/19/96	1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code William S. Norman 130B Timberly Lane McLean, VA 22102	Name of Employer Travel Industry Assoc. of America	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	6/25/96	1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Mary Ann Schmid 5629 Arabian Court Indianapolis, IN 46208	Name of Employer C.J. Shanashrenny, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/27/96	250.00
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Jeffrey Zane Slavin 4620 N. Park Ave., No. 1104W Chevy Chase, MD 20815	Name of Employer C.J.D' Shanashrenny, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Broker	6/27/96	500.00
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Payton R. Wells 1637 Sanwela Drive Indianapolis, IN 46260	Name of Employer Payton-Wells Chevrolet	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner of above	6/27/96	1,000.00
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Stephen Laudig 4528 N. College Indianapolis, IN 46208	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	6/27/96	1,000.00
	Aggregate Year-to-Date > \$ 1,700.00		
G. Full Name, Mailing Address and ZIP Code Edward S. Matthews 4945 Kilkenny Court Indianapolis, IN 46254	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/27/96	500.00
	Aggregate Year-to-Date > \$ 500.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 5,250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 10 OF 20  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (In Full)**

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth B. Eddison 20 Knickerston Road Lexington, MA 02173	Immagic, Inc.	6/27/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel C. Apple 669 W. 62nd Street Indianapolis, IN 46260		6/27/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Belle T. Choate 151 N. Delaware St., Suite 740 Indianapolis, IN 46204	Self-employed	6/27/96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron E. Haith 151 N. Delaware St., Suite 740 Indianapolis, IN 46204	Self-employed	6/27/96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 800.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miles Loyd 4057 Rookwood Indianapolis, IN 46208		4/19/96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michele Hagahs 1773 Verbana St., N.W. Washington, DC 20008	Fort Lincoln Newtown Corp.	6/5/96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate Developer Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

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

**\$1,750.00**

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

**24,255.94**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advance Printing Co. 2260 Profit Drive Indianapolis, IN 46241	Envelopes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/96	232.50
Advance Printing Co. 2260 Profit Drive Indianapolis, IN 46241	Letterhead Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/96	27.50
Advance Printing Co. 2760 Profit Drive Indianapolis, IN 46241	Letters Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/19/96	150.00
West End 617 W. 11th St. Indianapolis, IN 46202	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/96	1,800.00
Advance Printing Co. 2260 Profit Drive Indianapolis, IN 46241	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/96	2,340.00
Advance Printing 2260 Profit Drive Indianapolis, IN 46241	Handling mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/96	1,365.00
U.S. Postal Service 125 W. South Street Indianapolis, IN 46206	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/96	5,100.00
Advance Printing Co. 2260 Profit Drive Indianapolis, IN 46241	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/96	250.00
Wilson Allen 1146 Tecumseh Indianapolis, IN 46201	Toner & Paper Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/96	481.62

SUBTOTAL of Disbursements This Page (optional) .....

11,746.62

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WHHH/WGGR P. O. Box 68920 6264 Lapas Trail Indianapolis, IN 46268	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/96	3,162.00
B. Full Name, Mailing Address and ZIP Code U. S. Postal Service 125 W. South St. Indianapolis, IN 46206	Mailer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/96	132.80
C. Full Name, Mailing Address and ZIP Code Kinko's Copies 150 E. Market St. Indianapolis, IN 46204	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/96	123.38
D. Full Name, Mailing Address and ZIP Code George VanSickle 2460 Woodway Greenwood, IN 46143	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/96	4,506.00
E. Full Name, Mailing Address and ZIP Code WIBC 9292 N. Meridian St. Indianapolis, IN 46290	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/96	1,625.00
F. Full Name, Mailing Address and ZIP Code Advance Printing 2260 Profit Drive Indianapolis, IN 46241	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/96	1,800.00
G. Full Name, Mailing Address and ZIP Code Indianapolis Star-News 307 N. Pennsylvania St. Indianapolis, IN 46204	Campaign ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/96	955.50
H. Full Name, Mailing Address and ZIP Code Shirk, Inc. WHHH 96.3 FM P.O. Box 68920, 6264 Lapas Trail Indianapolis, IN 46268	Radio ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/96	100.00
I. Full Name, Mailing Address and ZIP Code Jennifer Graham 1705 N. Meridian St. Indianapolis, IN 46202	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/96	107.61

SUBTOTAL of Disbursements This Page (optional) .....

12,512.29

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Black Expo	Booth Reservation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/96	1,400.00
Trevor Bradley	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/96	94.50
International Travel 623 Indiana Ave. Indianapolis, IN 46202	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/96	374.00
Indy Net 5348 N. Tacoma Ave. Indianapolis, IN 46220	May billing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/96	85.00
Perry Hines	Paper Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/96	55.13
Wilson Allen 1146 Tecumseh Indianapolis, IN 46201	Paper Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/96	117.20
Trevor Bradley	Pictures Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/96	43.11
Tom Cobb 54 Monument Circle, Suite 600 Indianapolis, IN 46204	Expenses Washington, DC trip Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/6/96	789.64
Alberta M. Snyder 4120 Steilmetz Drive Indianapolis, IN 46254	Preparation of FEC Reports Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/13/96	120.00

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

3,078.58

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
InterNIC Registration Services P. O. Box 1656 Herndon, VA 22070	Domain Registration Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/96	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
International Travel 623 Indiana Ave. Indianapolis, IN 46202	Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/96	1,208.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fran Quigley 735 West New York Street Indianapolis, IN 46202	CONTRIBUTION IN KIND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/96	147.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donald & Melissa Tabor c/o Chilly's 5301 W. 10th St. Indianapolis, IN 46214	CONTRIBUTION IN KIND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/96	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mary E. Clark 531 E. 52nd St. Indianapolis, IN 46205	CONTRIBUTION IN KIND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/96	30.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

163.50

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

28,972.49



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 20(a)

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NAME OF COMMITTEE (in Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lacy M. Johnson, 7351 Royal Oakland Dr. Indianapolis, IN 46236	Contribution refund Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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

1,000.00

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page \_\_\_ of \_\_\_ for  
LINE NUMBER \_\_\_  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) <b>JULIA CARSON FOR CONGRESS COMMITTEE</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source Julia Carson 2530 N. Park Ave. Indianapolis, IN 46205 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan \$4,500.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period \$4,500.00
Terms: Date Incurred <u>2/26/96</u> Date Due <u>12/31/96</u> Interest Rate <u>7</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code N/A	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			\$4,500.00
TOTALS This Period (last page in this line only) .....			\$4,500.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

JULIA CARSON FOR CONGRESS COMMITTEE

<b>A. Full Name, Mailing Address and ZIP Code</b> Gilbert & Karen Holmes 4232 Central Ave. Indianapolis, IN 46205  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IPS Key Renaissance Middle School	Date (month, day, year) 4/20/96	Amount of Each Receipt this Period 50.00
	Occupation Aggregate Year-to-Date > \$ 50.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Lan T. Bui-Brown & Kerry J. Brown 713D Mohawk W. Drive Indianapolis, IN 46236  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 4/20/96	Amount of Each Receipt this Period 25.00
	Occupation Aggregate Year-to-Date > \$ 25.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Glenn Howard 1005 W. 36th Street Indianapolis, IN 46208  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of Indiana	Date (month, day, year) 4/20/96	Amount of Each Receipt this Period 100.00
	Occupation State Senator Aggregate Year-to-Date > \$ 150.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Mr. & Mrs. Julius Thomas 5780 Grandview Drive Indianapolis, IN 46208  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 4/23/96	Amount of Each Receipt this Period 50.00
	Occupation Aggregate Year-to-Date > \$ 50.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Harvey Johnson 1505 Burdsal Pkwy. Indianapolis, IN 46218  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 4/23/96	Amount of Each Receipt this Period 50.00
	Occupation Aggregate Year-to-Date > \$ 50.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Anonymous	Name of Employer 5 Anonymous contributions of \$50.00 each	Date (month, day, year) 4/23/96	Amount of Each Receipt this Period 250.00
	Occupation Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b> Dolores Frazier 3164 Island Club Ct., Apt. G Indianapolis, IN 46214  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 4/18/96	Amount of Each Receipt this Period 25.00
	Occupation Aggregate Year-to-Date > \$ 25.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 550.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 22

FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary McClaren 2301 N. Capitol Ave. Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/22/96	20.00
	Aggregate Year-to-Date > \$ 20.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Kay Rowe 439D N. Sherman Drive Indianapolis, IN 46226			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/19/96	30.00
	Aggregate Year-to-Date > \$ 55.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Wiley 1634 Mills Avenue Indianapolis, IN 46227			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/22/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lena Slay 4143 Graceland Avenue Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/19/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gracie Edwards 2551 Springfield Drive Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/18/96	125.00
	Aggregate Year-to-Date > \$ 125.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl McCloud, Sr. 3444 N. LaSalle Indianapolis, IN 46218			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/18/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Peterson 1516 E. Edwards Ave. Indianapolis, IN 46227			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/22/96	25.00
	Aggregate Year-to-Date > \$ 75.00		

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

250.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 22

FOR LINE NUMBER

11(a)(1)

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**NAME OF COMMITTEE (In Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margie Fort 8331 Aspen Ct Indianapolis, IN 46226		4/19/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brenda Edwards 6135 Foxwood Lane Indianapolis, IN 46208		4/19/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elwood Black 814 W. 43rd Street Indianapolis, IN 46208		4/19/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Frankie Cooper 2635 Lincoln Lane Indianapolis, IN 46208		4/19/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 25.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Scott 434 Harvard Place Indianapolis, IN 46208		4/19/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Leek 2323 W. 66th Street Indianapolis, IN 46260	State of Indiana	4/19/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive, Civil Rights Director	Aggregate Year-to-Date > \$ 150.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Harkness 8340 Misty Drive Indianapolis, IN 46236		4/19/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 350.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 22

FOR LINE NUMBER 11(a)(ii)

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NAME OF COMMITTEE (in Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Lasley 906 Fayette St. Indianapolis, IN 46202			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/19/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natalie Summers Henson 4345 Abby Creek Lane Indianapolis, IN 46205			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/19/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles A. Walton, Jr. 155 E. Market St., Suite 714 Indianapolis, IN 46204	Walton & Pratt		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/19/96	25.00
	Aggregate Year-to-Date > \$ 75.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. O. Pierce, Jr., M.D. 960 Locke Street Indianapolis, IN 46202			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	4/19/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anna M. White 4 S. Greenwood, Apt. 2E Park Ridge, IL 60068	Apollo Consumers		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Trainer	4/18/96	50.00
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rev. Ronald Covington 2250 Cold Spring Road Indianapolis, IN 46222			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/21/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	2.00
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 22

FOR LINE NUMBER 11(a)(ii)

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NAME OF COMMITTEE (in full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grant Hawkins 3121 W. 46th Street Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/22/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Morley Matthews 5505 Knollton Road Indianapolis, IN 46208-2214	Chelsea's		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	100.00
	Business Owner		
	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra Barmann 3703 Spring Hollow Road Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Walton 155 E. Market St., Suite 714 Indianapolis, IN 46204	Walton & Pratt		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	100.00
	Attorney		
	Aggregate Year-to-Date > \$ 175.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Glass 1132 E. Troy Avenue Indianapolis, IN 46203	Cook & Glass, Inc.		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	100.00
	Business Owner		
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Frances Quigley 5048 Boardwalk Place Indianapolis, IN 46220			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	100.00
	Retired		
	Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stan Hirsch 1705 N. Meridian St. Indianapolis, IN 46202	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	100.00
	Attorney		
	Aggregate Year-to-Date > \$ 100.00		

SUBTOTAL of Receipts This Page (optional) ..... 700.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 22  
FOR LINE NUMBER 11(a)(ii)

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**NAME OF COMMITTEE (in Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Fatout P. O. Box 30029 Indianapolis, IN 46230	Self-employed		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	4/23/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonna Kane 6148 Kingsley Indianapolis, IN 46220	IU School of Law		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate Dean	4/23/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Campbell 902 Spanwood Drive Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	25.00
	Aggregate Year-to-Date > \$ 75.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paralee Sherard 435 Berkley Road Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Dunlap 5915 Boettcher Court Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Watson 1416 S. Alabama Street Indianapolis, IN 46225	State of Indiana		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Clerical	4/24/96	50.00
	Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Livengood 265 Raintree Drive Zionsville, IN 46077			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/24/96	100.00
	Aggregate Year-to-Date > \$ 100.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 425.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 22  
FOR LINE NUMBER 11(a)(ii)

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**NAME OF COMMITTEE (In Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Orentlicher 5200 Grandview Drive Indianapolis, IN 46208	IU School of Law		
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Faculty Member	4/24/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Wm. Gelhausen 2053 Oak Run, S. Dr. Indianapolis, IN 46260			
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	4/24/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy Houchins 163 West Thompson Road Indianapolis, IN 46217	Marion County Sheriff's Dept.		
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Deputy Sheriff	4/24/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Juanita Dunlap 6130 Munsee Lane Indianapolis, IN 46208			
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	4/25/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. Hawkins, Jr. 3804 N. Temple Avenue Indianapolis, IN 46205			
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	4/25/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S.R. & Margaret Richwine 2415 Lindbergh Drive Indianapolis, IN 46227	Franklin Township Schools		
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation Teacher	4/24/96	30.00
	Aggregate Year-to-Date > \$ 50.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous			
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	4/27/96	1.00
	Aggregate Year-to-Date > \$		

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

356.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 22

FOR LINE NUMBER

11(a)(11)

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)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Stuart 2058 Dr. Martin Luther King St. Indianapolis, IN 46202	Stuart's Moving		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	4/27/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ida Townsend 3532 N. Grant Ave. Indianapolis, IN			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rosie Cunningham			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	5.00
	Aggregate Year-to-Date > \$ 5.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Davis			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	5.00
	Aggregate Year-to-Date > \$ 5.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Murry			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	5.00
	Aggregate Year-to-Date > \$ 5.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julia Lawrence			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	5.00
	Aggregate Year-to-Date > \$ 5.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Estella & Levi Allen			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.05
	Aggregate Year-to-Date > \$ 2.05		

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

222.05

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 22  
FOR LINE NUMBER 11(a)(ii)

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NAME OF COMMITTEE (In Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mattie Daniel			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Oens			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Vaughn			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawona Aldridge			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Brame			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mamie Kelly			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
V. Bragg			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	2.00
	Aggregate Year-to-Date > \$ 2.00		

SUBTOTAL of Receipts This Page (optional) ..... 14.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 10 OF 22  
FOR LINE NUMBER 11(a) (11)

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**NAME OF COMMITTEE (in Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allie Kelly			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	1.00
	Aggregate Year-to-Date > \$ 1.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elva Rouse			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	1.00
	Aggregate Year-to-Date > \$ 1.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anna Minor			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	1.00
	Aggregate Year-to-Date > \$ 1.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Etta Broaden			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	1.00
	Aggregate Year-to-Date > \$ 1.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Valerie Graves 3428 N. Keystone Indianapolis, IN 46218			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	1.00
	Aggregate Year-to-Date > \$ 1.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous	19 Anonymous contributors of various amounts		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	85.99
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis L. & Edna Henry 4540 East 42nd Street Indianapolis, IN 46226			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/29/96	5.00
	Aggregate Year-to-Date > \$ 5.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 95.99

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 11 OF 22  
FOR LINE NUMBER 11(a)(ii)

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NAME OF COMMITTEE (in Full)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances Owens Bunch 4011 N. Webster Indianapolis, IN 46226		4/29/96	10.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date > \$ 10.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doris Hasler 5322 Thickethill Lane Indianapolis, IN 46226		4/29/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date > \$ 25.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Moore Browning 2138 N. Graham Indianapolis, IN 46218		4/29/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date > \$ 25.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garland E. Graves 813 N. Emerson Indianapolis, IN 46219		4/29/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date > \$ 25.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Burke 151 N. Delaware St., #740 Indianapolis, IN 46204	Self-employed	4/29/96	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney	Aggregate Year-to-Date > \$ 150.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous	135 anonymous contributors at Fundraiser	4/29/96	135.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen O'Connor 302 N. East St. Indianapolis, IN 46202	Self-employed	4/30/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Attorney	Aggregate Year-to-Date > \$ 100.00	

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

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 12 OF 22

FOR LINE NUMBER 11(a)(ii)

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**NAME OF COMMITTEE (In Full)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Burns 110 N. Delaware St. Indianapolis, IN 46204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Attorney Aggregate Year-to-Date > \$ 100.00	4/30/96	100.00
Michael VanTreese 156 E. Market St., Suite 300 Indianapolis, IN 46204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Attorney Aggregate Year-to-Date > \$ 100.00	5/1/96	100.00
Bettye Dobkins 1925 High Eagle Tr. Indianapolis, IN 46224 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 25.00	4/29/96	25.00
John T. Sampson, Sr. 3601 E. 34th Street Indianapolis, IN 46218 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 20.00	5/1/96	20.00
Charles Monger, Jr. 3404 E. 30th Street Indianapolis, IN 46218 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 25.00	5/1/96	25.00
James T. Smith 5980 Lafayette Road Indianapolis, IN 46254 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 100.00	4/29/96	100.00
Nora Hart 4017 Byram Ave. Indianapolis, IN 46208 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 15.00	5/1/96	15.00

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

385.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 13 OF 22

FOR LINE NUMBER 11(a)(j)

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**NAME OF COMMITTEE (in Full)**  
**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Annie M. Baynes 2156 Boulevard Place Indianapolis, IN 46202			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/1/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sophia Marie Ramsey 3853 Byram Ave. Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/1/96	10.00
	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathline Mullin 1729 E. Banta Road Indianapolis, IN 46227			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/1/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Burnett 1310 W. 26th St. Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/1/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L. Sears 5804 N. Meridian St. Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/30/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Erling W. & Elizabeth J. Peterson 1937 E. Lawrence Ave. Indianapolis, IN 46227			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/1/96	15.00
	Aggregate Year-to-Date > \$ 40.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Audley L. & Victoria J. McGill 5304 E. Winston Dr. Indianapolis, IN 46226			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/2/96	25.00
	Aggregate Year-to-Date > \$ 25.00		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<b>350.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 16 OF 22

FOR LINE NUMBER 11(a)(ii)

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**NAME OF COMMITTEE (in Full)**

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Feeney 921 N. Graham Indianapolis, IN 46219			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/2/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Citizens for Jim Maley			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/1/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norma Kacen 2625 N. Meridian St., Apt. 323 Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/5/96	25.00
	Aggregate Year-to-Date > \$ 25.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A. Mosley 1402 Hanning Avenue Evansville, IN 47714			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/5/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William W. Hannah 4054 North Illinois Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/5/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous	4 anonymous contributors		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/5/96	5.00
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. McGeever 6829 Chaucer Court Indianapolis, IN 46220			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/5/96	25.00
	Aggregate Year-to-Date > \$ 25.00		

**SUBTOTAL of Receipts This Page (optional)** ..... 330.00

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



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 15 OF 22  
FOR LINE NUMBER 11(a)(ii)

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**NAME OF COMMITTEE (In Full)**

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William L. Higgins 7154 Hatteras Lane, Apt. 1C Indianapolis, IN 46214-1270			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/6/96	1.00
	Aggregate Year-to-Date > \$ 1.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Quintella Wright 6186 Hazelwood Ave. Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/6/96	20.00
	Aggregate Year-to-Date > \$ 20.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter J. Schilling 2129 A Rome Drive Indianapolis, IN 46208	IUPUI University		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor	5/7/96	30.00
	Aggregate Year-to-Date > \$ 30.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne M. White 4 S. Greenwood, Apt. 2E Park Ridge, IL 60068	ATS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Trainer	5/5/96	25.00
	Aggregate Year-to-Date > \$ 125.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven R. Brandhoff 11715 Eden Glen Drive Carmel, IN 46033			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/13/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rose Marie Cantwell 921 East Yoke Street Indianapolis, IN 46203			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/20/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clinton & Vera Gibbs 610D N. Keystone Ave., Suite 418 Indianapolis, IN 46220			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/20/96	30.00
	Aggregate Year-to-Date > \$ 30.00		

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

256.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 16 OF 22  
FOR LINE NUMBER 11(a) (11)

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NAME OF COMMITTEE (In Full)  
JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Edward Cushenberry 1650 N. College Ave. Indianapolis, IN 46202			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/20/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/20/96	1.00
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David & Eunice Wiley 1634 Mills Ave. Indianapolis, IN 46227			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/20/96	25.00
	Aggregate Year-to-Date > \$ 50.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Mustou 6137 Albury Drive Indianapolis, IN 46236			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	5/23/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. W. Deardorf 1128 N. Berwick Indianapolis, IN 46222-2973			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/5/96	50.00
	Aggregate Year-to-Date > \$ 50.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry & Mary Lomax 1258 Burdsal Parkway Indianapolis, IN 46208			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/5/96	20.00
	Aggregate Year-to-Date > \$ 20.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy Richards 3157 Orchard Avenue Indianapolis, IN 46218			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/5/96	25.00
	Aggregate Year-to-Date > \$ 25.00		

SUBTOTAL of Receipts This Page (optional) ..... 271.00  
TOTAL This Period (last page this line number only) .....

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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)**

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Abramson 1275 K Street, N.W., No. 300 Washington, DC 20005	Abramson Ehrlich Manes, Inc.	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman & CEO Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code Pedro Alfonso 7142 Alaska Avenue, N.W. Washington, DC 20012	Dynamics Concepts, Inc.	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code Daryl Avery 4104 13th Place, N.E. Washington, DC 20017	Self-employed	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code Maple G. Benjamin 67 Orchard Drive Gaithersburg, MD 20878	Intermediate Foundation School	6/5/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code S. Henry Bundles, Jr. 6222 Grandview Drive Indianapolis, IN 46260	Center for Leadership Development	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code Courtland V. Cox 1716 Verbena St., N.W. Washington, DC 20012	Federal Government	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code Bernard Demeczuk 918 French Street, N.W. Washington, DC 20001	DC Government Employee	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 100.00		

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

650.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James O. Gibson 3001 Veazey Ter., N.W., Apt. 925 Washington, DC 20008	Retired	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Norman Glasgow, Jr. 10513 Alloway Drive Potomac, MD 20854	Wilkes, Artls, Hendric & Lane	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sybil Hammond 1324 Ritterhouse St., N.W. Washington, DC 20011	Government Employees	6/5/96	75.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 75.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marlene Johnson 1659 Primrose Road, N.W. Washington, DC 20012	Government	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carolyn Jordan 1702 Leighton Wood Lane Silver Spring, MD 20910	Banker	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia Matthews 2950 Van Ness St., N.W., Apt. 628 Washington, DC 20008	DC Agenda Project	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jane Sliver 719 11th St., N.E. Washington, DC 20002	Public Health	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	

SUBTOTAL of Receipts This Page (optional) ..... 675.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Oscar Smith, Jr. 1431 Hamlin St., N.E. Washington, DC 20017	Unity Construction of DC, Inc.	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Engineer</b> Aggregate Year-to-Date > \$ 100.00		
Dana Stebbins, Esquire 11818 Bishops Content Mitchellville, MD 20724	Wilkes, Artis, Hendric & Lane	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Attorney</b> Aggregate Year-to-Date > \$ 100.00		
Renee Tucker 2135 N. Pierce Court Arlington, VA 22209	Self-employed	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 100.00		
W. David Watts 4545 Connecticut Ave., N.W., No. 331 Washington, DC 20008	Government	6/5/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Attorney</b> Aggregate Year-to-Date > \$ 100.00		
David Wildes 6553 China Grove Ct. Alexandria, VA 22310		6/5/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 50.00		
Carolyn C. Boone 717 Audubon Drive Evansville, IN 47715		6/13/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 25.00		
Catherine Butler 3084 Turkey Pen Drive Greenwood, IN 46143		6/13/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 50.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Yolanda Harris Caraway 65 Hawthorne Court, N.E. Washington, DC 20017	The Caraway Group, Inc.	6/18/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Administrator Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jane Petrie Danowitz 125 12th Street, N.E. Washington, DC 20002		6/18/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lawyer Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ilene G. Block 8171 Ivy Knoll, Apt. C Indianapolis, IN 46250		6/19/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 25.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank B. Jones P. O. Box 62 Kokomo, IN 46903-0062		6/19/96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 50.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eddie N. Williams 1090 Vermont Ave., N.W., Ste. 1100 Washington, DC 20005		6/27/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eleanor Farrar 3561 Raymoor Road Kensington, MD 20895	Research Substitution	6/27/96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Yvonne M. Rogers 4945 Kilkenny Court Indianapolis, IN 46254		6/27/96	25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 25.00		

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin H. Heit 7854 Rough Cedar Lane Indianapolis, IN 46260			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/27/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald & Melissa Tabor c/o Chilly's 5301 W. 10th St. Indianapolis, IN 46214	IN KIND DONATION - Beverages		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6/23/96	150.00
	Self-employed		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary E. Clark 531 E. 52nd St. Indianapolis, IN 46205	IN KIND DONATION - Dessert		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	30.00
	Self-employed		
	Aggregate Year-to-Date > \$ 30.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Antonia Bayt Zunarelli 842 Greer Street Indianapolis, IN 46203			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/18/96	100.00
	Aggregate Year-to-Date > \$ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anonymous			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/23/96	52.43
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances Calvin 5651 Allisonville Road Indianapolis, IN 46220			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/20/96	5.00
	Aggregate Year-to-Date > \$ 5.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nick Iaria	Prima Catering-Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	4/24/96	100.00
	Aggregate Year-to-Date > \$ 100.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

537.43

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

**JULIA CARSON FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Jacobs, Jr. 2313 Rayburn Bldg. Washington, DC 20515 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	U.S. Congressman Occupation: Congressman Aggregate Year-to-Date > \$ 175.00	4/29/96	25.00
B. Full Name, Mailing Address and ZIP Code J.M.J. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	5/5/96	1.00
C. Full Name, Mailing Address and ZIP Code EMILY'S List 805 15th Street, NW #400 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONTRIBUTION IN KIND Occupation Aggregate Year-to-Date > \$	6/30/96	647.53
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$		

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

668.53

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

8,833.00



