

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

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

FOR LINE NUMBER: PAGE 153 / 352

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ellsworth for Indiana

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Patricia M. Yount</p> <p>Mailing Address 44 W. Main St</p> <p>City State Zip Code North Vernon IN 47265-1706</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer Bernardin Lochmueller & Assoc.</p> <p>Occupation Consultant</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="1900.00"/></p>	<p>Date of Receipt MM / DD / YYYY 08 / 23 / 2010</p> <p>Transaction ID: C4904867</p> <p>Amount of Each Receipt this Period <input type="text" value="1000.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Diane D. Leitch</p> <p>Mailing Address 1524 Larkinwood Ln</p> <p>City State Zip Code Evansville IN 47715-5984</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer self</p> <p>Occupation community volunteer</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="725.00"/></p>	<p>Date of Receipt MM / DD / YYYY 07 / 09 / 2010</p> <p>Transaction ID: C4851657</p> <p>Amount of Each Receipt this Period <input type="text" value="250.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ann M. DeLaney</p> <p>Mailing Address 4445 Washington Blvd.</p> <p>City State Zip Code Indianapolis IN 46205</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer DeLaney & DeLaney</p> <p>Occupation Attorney</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="4650.00"/></p>	<p>Date of Receipt MM / DD / YYYY 09 / 24 / 2010</p> <p>Transaction ID: C4960177</p> <p>Amount of Each Receipt this Period <input type="text" value="2000.00"/></p>
<p>SUBTOTAL of Receipts This Page (optional) <input type="text" value="3250.00"/></p>	
<p>TOTAL This Period (last page this line number only) <input type="text"/></p>	

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