

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 26 A 9 57

1. NAME OF COMMITTEE (in full) <b>Chris Chocola for Congress, Inc.</b>		2. FEC IDENTIFICATION NUMBER <b>C00350926</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. Box 6728</b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CITY, STATE and ZIP CODE <b>South Bend, IN 46660</b>	STATE/DISTRICT <b>IN 03</b>	

## 4. TYPE OF REPORT

April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid-Year Report (Non-election Year Only)

Twelfth day report preceding General Election  
 (Type of Election)  
 election on 11/7/2000 in the State of IN  
 Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 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>10/1/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$29,961.86	\$484,153.17
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$620.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$29,961.86	\$483,533.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$235,885.92	\$792,142.53
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$235,885.92	\$792,142.53
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$52,165.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$326,486.78	

For further information contact:  
Federal Election Commission  
990 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-219-3420

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>James R. Evans</b>	Date <b>10/23/2000</b>
Signature of Treasurer <i>James R. Evans</i>	

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full) Chris Chocola for Congress, Inc.		Report Covering the Period	
C00350826		From: 10/1/2000	To: 10/18/2000
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	\$14,205.86		11(a)(i)
(ii) Unitemized	\$7,776.00		11(a)(ii)
(iii) Total of Contributions from individuals	\$21,981.86	\$438,307.89	11(a)(iii)
(b) Political Party Committees	\$0.00	\$10,999.28	11(b)
(c) Other Political Committees (such as PACs)	\$7,980.00	\$34,846.00	11(c)
(d) The Candidate	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c), and (d))	\$29,961.86	\$484,153.17	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>		\$0.00	\$0.00
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate	\$200,000.00	\$275,000.00	13(a)
(b) All Other Loans	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	\$200,000.00	\$275,000.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)</b>		\$0.00	\$0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		\$0.00	\$2,126.72
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)</b>		\$229,961.86	\$761,279.89
II. DISBURSEMENTS			
<b>17. OPERATING EXPENDITURES</b>		\$235,885.92	\$792,142.53
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		\$0.00	\$0.00
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate	\$21,450.00	\$21,450.00	19(a)
(b) Of All Other Loans	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$21,450.00	\$21,450.00	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$620.00	20(a)
(b) Political Party Committees	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	\$0.00	\$620.00	20(d)
<b>21. OTHER DISBURSEMENTS</b>		\$0.00	\$0.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)</b>		\$257,335.92	\$814,212.53
III. CASH SUMMARY			
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>		\$79,539.95	23
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>		\$229,961.86	24
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>		\$309,501.81	25
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>		\$257,335.92	26
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>		\$52,165.89	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

**Contributions from Individuals**

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

NAME OF COMMITTEE (in Full)

**Chris Chocola for Congress, Inc.**

**C00350926**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Applegarth, Renee</b> 1510 Michigan Ave. La Porte IN 46350	<b>Barnes &amp; Thornburgh</b>	10/18/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>Attorney</b>		Aggregate Year-to-Date > \$250.00
<b>Arnold, Michael</b> 22682 Weatherby Lane Elkhart IN 46514	<b>Mark Line Ind. Inc.</b>	10/5/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>CEO</b>		Aggregate Year-to-Date > \$1,500.00
<b>Arnold, Michael</b> 22682 Weatherby Lane Elkhart IN 46514	<b>Mark Line Ind. Inc.</b>	10/5/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>CEO</b>		Aggregate Year-to-Date > \$1,500.00
<b>Baker, Bradley</b> 20901 Arcadia Dr. Bristol IN 46507	<b>Empire Dev. Corp.</b>	10/3/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>Builder</b>		Aggregate Year-to-Date > \$300.00
<b>Banks, Nancy</b> 2233 Greenleaf Blvd. Elkhart IN 46514		10/17/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>Homemaker</b>		Aggregate Year-to-Date > \$1,000.00
<b>Bartels, Robert</b> 3426 S. Twyckenham Dr. South Bend IN 46614	<b>Martin's Supermarkets</b>	10/10/2000	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>CEO</b>		Aggregate Year-to-Date > \$900.00
<b>Baxmeyer, Susan</b> 17711 Woodridge South Bend IN 46635	<b>Sweeney Pfeifer Morgan</b>	10/12/2000	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation <b>Secretary</b>		Aggregate Year-to-Date > \$255.00

SUBTOTAL of Receipts This Page (optional)

\$2,450.00

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 8

FOR LINE NUMBER 11(b)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)		C00350926		
<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Beck, Roy</b> P.O. Box 8 Elkhart IN 46515		Name of Employer <b>Self Employed</b>	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>BUSINESSMAN</b>	Aggregate Year-to-Date > \$500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Boeler, Kathleen</b> 17640 Dannybrook Dr. Granger IN 46530		Name of Employer <b>Beeler Industries</b>	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>EXECUTIVE</b>	Aggregate Year-to-Date > \$525.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Berkey, David</b> P.O. Box 2718 Elkhart IN 46515		Name of Employer <b>DNA Enterprises</b>	Date (month, day, year) 10/17/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>PRESIDENT</b>	Aggregate Year-to-Date > \$700.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Borger, Elizabeth</b> 2225 Greenleaf Blvd. Elkhart IN 46514		Name of Employer <b>Prudential Securities</b>	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>FINANCIAL ADVISOR</b>	Aggregate Year-to-Date > \$450.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Bremback, Helen</b> 1149 S. Oakwood Circle Dr. Syracuse IN 46567		Name of Employer	Date (month, day, year) 10/3/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>RETIRED</b>	Aggregate Year-to-Date > \$600.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Burns, Richard</b> 58489 Oxbow Dr. Elkhart IN 46516		Name of Employer	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>ORTHODONTIST</b>	Aggregate Year-to-Date > \$250.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Downey, Gary</b> 55815 Whippoorwill Ct. South Bend IN 46619		Name of Employer	Date (month, day, year) 10/9/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation <b>RETIRED</b>	Aggregate Year-to-Date > \$550.00	

SUBTOTAL of Receipts This Page (optional)	\$1,575.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 9

FOR LINE NUMBER

11(a)(1)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **C00350928**

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Dunlop, Cynthia 51975 Winding Waters Lane North Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer City of Elkhart</p> <p>Occupation Design Engineer</p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> England, Garry 1031 Country Club Ln. Warsaw IN 46580</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Biomet Inc.</p> <p>Occupation Senior VP of operations</p> <p>Aggregate Year-to-Date &gt; \$400.00</p>	<p>Date (month, day, year) 10/3/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Erb, Chris 68780 CR 21 New Paris IN 46553</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year) 10/2/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Fidler, Lois 403 Oak Lane Goshen IN 46526</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year) 10/5/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Frech, Andrew 55992 Dana Dr. Bristol IN 46507</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Ancon Construction</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$2,000.00</p>	<p>Date (month, day, year) 10/9/2000</p>	<p>Amount of Each Receipt this Period (\$100.00) Memo Reattributed</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Frieden, John 1323 Erskine Manor Hill South Bend IN 46814</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$260.00</p>	<p>Date (month, day, year) 10/3/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Gellack, Kristine 1750 N. Bay Dr. Elkhart IN 46514</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Fall creek</p> <p>Occupation Bookkeeper</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year) 10/12/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$1,150.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 9  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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NAME OF COMMITTEE (In Full)		C00350928	
<b>Chris Chocola for Congress, Inc.</b>			
<b>A. Full Name, Mailing Address and ZIP Code</b> Galjack, Kristine 1750 N. Bay Dr. Elkhart IN 46514	Name of Employer Fall Creek  Occupation Bookkeeper  Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Grossnickle, Loretta 1428 S. Freedom Pkwy. Winona Lake IN 46590	Name of Employer Self-Employed  Occupation RN/PNA  Aggregate Year-to-Date > \$395.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Gustafson, Charles P.O. Box 39 Elkhart IN 46515	Name of Employer Gustafson and Sons  Occupation Owner  Aggregate Year-to-Date > \$1,100.00	Date (month, day, year) 10/5/2000	Amount of Each Receipt this Period \$400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> Gustafson, Charles P.O. Box 39 Elkhart IN 46515	Name of Employer Gustafson and Sons  Occupation Owner  Aggregate Year-to-Date > \$1,100.00	Date (month, day, year) 10/5/2000	Amount of Each Receipt this Period \$600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Gustafson, Charles P.O. Box 39 Elkhart IN 46515	Name of Employer Gustafson and Sons  Occupation Owner  Aggregate Year-to-Date > \$1,100.00	Date (month, day, year) 10/5/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Herschberger, Janelle 14631 Falcon Lane Goshen IN 46526	Name of Employer   Occupation Homemaker  Aggregate Year-to-Date > \$1,863.44	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period \$465.86 In-kind
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Hiller, C. Edward P.O. Box 106 Walkerton IN 46574	Name of Employer Stripco  Occupation President  Aggregate Year-to-Date > \$2,000.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):			

SUBTOTAL of Receipts This Page (optional)	\$3,695.86
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 9  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Hiler, Karen P.O. Box 108 Walkerton IN 46574</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer P &amp; H Machine Co.</p> <p>Occupation Corporate Secretary</p> <p>Aggregate Year-to-Date &gt; \$2,000.00</p>	<p>Date (month, day, year) 10/12/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Holtz, Rita 122 Manor Ave. Elkhart IN 46518</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$500.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Housand, Thomas 1624 Lawndale Rd. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Tom Housand Inc.</p> <p>Occupation Employee Benefits Broke</p> <p>Aggregate Year-to-Date &gt; \$750.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Jones, Keith P.O. Box 277 La Porte IN 46352</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date &gt; \$2,000.00</p>	<p>Date (month, day, year) 10/11/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Killoren, Glenn 22686 Remington Ct. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Ptaff Brotherson &amp; Killoren</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$1,500.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Kinip, Rita 4020 Edison Lakes Parkway Mishawaka IN 46545</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Windsor Park Conference Center</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$350.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period \$350.00 In-Kind</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Kissane, Mike 2166 E. Riverside Dr. Warsaw IN 46580</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB International</p> <p>Occupation General Counsel</p> <p>Aggregate Year-to-Date &gt; \$600.00</p>	<p>Date (month, day, year) 10/12/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$2,050.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 9  
FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Kubacki, Michael 1401 E. North Shore Dr. Syracuse IN 46567</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Lake City Bank</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$950.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Lind, Wilhelmina 1405 Winsted Dr. Goshen IN 46528</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year) 10/12/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Mancinelli, Victor, Mr. 13340 N. Hawthorne Ct. Mequon WI 53097</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer CTB Inc.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date &gt; \$1,100.00</p>	<p>Date (month, day, year) 10/12/2000</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Mangus, Batty 1414 Huffman Dr. South Bend IN 46814</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Mangus Interiors</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$210.00</p>	<p>Date (month, day, year) 10/11/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Menlon, Ann 20725 Riverlan Rd. South Bend IN 46637</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$250.00</p>	<p>Date (month, day, year) 10/11/2000</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> McClure, Marsha 319 Edgewater Mishawaka IN 46545</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Mishawaka Common Council</p> <p>Occupation Councilwoman</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year) 10/11/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Merchant, Mary 1901 Greenleaf Blvd. Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date &gt; \$450.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period \$200.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$850.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions from Individuals**

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

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Miller, Janette                  1315 Honan Dr.                  South Bend IN 46614</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Burkhardt Advertising</p> <p>Occupation                  President</p> <p>Aggregate Year-to-Date &gt; \$1,025.00</p>	<p>Date (month, day, year)                  10/18/2000</p>	<p>Amount of Each Receipt this Period                  \$25.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b>                  Miller, Walter                  23706 Greenleaf Blvd.                  Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation                  Retired</p> <p>Aggregate Year-to-Date &gt; \$750.00</p>	<p>Date (month, day, year)                  10/10/2000</p>	<p>Amount of Each Receipt this Period                  \$100.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b>                  Morse, Charles                  P.O. Box 209                  South Bend IN 46624</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  The Todd Organization</p> <p>Occupation                  President</p> <p>Aggregate Year-to-Date &gt; \$1,250.00</p>	<p>Date (month, day, year)                  10/12/2000</p>	<p>Amount of Each Receipt this Period                  \$50.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b>                  Naquin, Thad                  22934 Greenleaf Blvd.                  Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Tom Naquin Chev</p> <p>Occupation                  Co-owner</p> <p>Aggregate Year-to-Date &gt; \$1,700.00</p>	<p>Date (month, day, year)                  10/12/2000</p>	<p>Amount of Each Receipt this Period                  \$500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b>                  Obrlen, James                  52403 Spring Wood Ct.                  Granger IN 46530</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  St. Joseph county</p> <p>Occupation                  Deputy Prosecuting Atto</p> <p>Aggregate Year-to-Date &gt; \$950.00</p>	<p>Date (month, day, year)                  10/16/2000</p>	<p>Amount of Each Receipt this Period                  \$100.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b>                  Pfeil, Richard                  3801 Voorde Dr.                  South Bend IN 46628</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer                  Koontz wagner</p> <p>Occupation                  President</p> <p>Aggregate Year-to-Date &gt; \$1,020.00</p>	<p>Date (month, day, year)                  10/2/2000</p>	<p>Amount of Each Receipt this Period                  \$20.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b>                  Putnam, Doug                  1534 Dogwood Dr.                  Elkhart IN 46514</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation                  Retired</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year)                  10/12/2000</p>	<p>Amount of Each Receipt this Period                  \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$895.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate sheets (if any) for each category of the Detailed Summary Page

PAGE 8 OF 9

FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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

NAME OF COMMITTEE (in Full)		C00350926	
<b>Chris Chocola for Congress, Inc.</b>			
<b>A. Full Name, Mailing Address and ZIP Code</b> Rodino, Terry 23393 Shorelane Elkhart IN 46514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Recycled New Occupation President Aggregate Year-to-Date > \$650.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Screens, Bill 52066 Post Tavern Granger IN 46530 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Life Health Pensions Group Occupation Agent Aggregate Year-to-Date > \$300.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Steary, Robert 19240 Torman Rd. New Paris IN 46553 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Yeada Industries Inc. Occupation President Aggregate Year-to-Date > \$500.00	Date (month, day, year) 10/18/2000	Amount of Each Receipt this Period \$500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Swihart, Janet 913 Braxton Ct. Goshen IN 46526 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$1,965.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$65.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Szalay, Emerick 28555 Rankert Road Walkerton IN 46574 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Northern Polymers Inc. Occupation President Aggregate Year-to-Date > \$600.00	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period \$100.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Travls, Robert 1011 W. Severs Road La Porte IN 46350 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$320.00	Date (month, day, year) 10/5/2000	Amount of Each Receipt this Period \$65.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Ulmer, Terri 64686 Apple Ridge Rd. Goshen IN 46526 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Marque Inc. Occupation Purchasing Assistant Aggregate Year-to-Date > \$310.00	Date (month, day, year) 10/12/2000	Amount of Each Receipt this Period \$110.00

SUBTOTAL of Receipts This Page (optional)	\$1,040.00
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 9  
FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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

NAME OF COMMITTEE (in Full) **Chris Chocola for Congress, Inc.** **C00350928**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Warning, Anthony</b> <b>2515 Greenleaf Blvd.</b> <b>Elkhart IN 46514</b>	Name of Employer <b>D and W Inc.</b>	Date (month, day, year) <b>10/3/2000</b>	Amount of Each Receipt this Period <b>\$100.00</b>
	Occupation <b>President/Owner</b>	Aggregate Year-to-Date > <b>\$600.00</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Wells, Jeffrey</b> <b>P.O. Box 728</b> <b>Elkhart IN 46515</b>	Name of Employer <b>Wells Cargo</b>	Date (month, day, year) <b>10/17/2000</b>	Amount of Each Receipt this Period <b>\$400.00</b>
	Occupation <b>President</b>	Aggregate Year-to-Date > <b>\$1,100.00</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	

<b>SUBTOTAL of Receipts This Page (optional)</b>	<b>\$500.00</b>
<b>TOTAL This Period (last page this line number only)</b>	<b>\$14,205.86</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER  
11(c)

**Contributions from Other Political Committees**

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

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Citizens, For Varner 1306 Clayton Dr. South Bend IN 46614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$130.00</p>	<p>Date (month, day, year) 10/3/2000</p>	<p>Amount of Each Receipt this Period \$130.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Committee To Elect, Wayne Robbins 2515 Sampson St. South Bend IN 46614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Majority Leaders, Fund 209 Pennsylvania Ave. SE Suite 200 0 Washington DC 20003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$5,000.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period \$5,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Restoring The, American Dream 126 Ottawa Ave. Suite 50 Grand Rapids MI 49503</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$2,500.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period \$2,500.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> St. Joseph County, Republican Women 4133 S. Main St. South Bend IN 46617</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$300.00</p>	<p>Date (month, day, year) 10/18/2000</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt;</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p>\$7,980.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p>\$7,980.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use a separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 13(a)

**Loans Made or Guaranteed by the Candidate**

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

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

<b>A. Full Name, Mailing Address and ZIP Code</b> Chocola, J. Christopher 20380 CR 14 Bristol IN 46507	Name of Employer CTB, Inc.	Date (month, day, year) 10/5/2000	Amount of Each Receipt this Period \$100,000.00 Made by Cand
	Occupation Chairman of the Board	Aggregate Year-to-Date > \$275,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Chocola, J. Christopher 20380 CR 14 Bristol IN 46507	Name of Employer CTB, Inc.	Date (month, day, year) 10/13/2000	Amount of Each Receipt this Period \$100,000.00 Made by Cand
	Occupation Chairman of the Board	Aggregate Year-to-Date > \$275,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):			
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	
<b>Full Name, Mailing Address and ZIP Code</b>	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 >	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$200,000.00
<b>TOTAL</b> This Period (last page this line number only)	\$200,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 10  
FOR LINE NUMBER  
17

**Operating Expenditures**

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

NAME OF COMMITTEE (in Full)		CU0350926	
<b>A. Full Name, Mailing Address and ZIP Code</b> Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	<b>Purpose of Disbursement</b> Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/16/2000	<b>Amount of Each Disbursement this Period</b> \$161.50
<b>B. Full Name, Mailing Address and ZIP Code</b> Advantage Mail Services P.O. Box 2073 Elkhart IN 46515	<b>Purpose of Disbursement</b> Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/3/2000	<b>Amount of Each Disbursement this Period</b> \$1,481.05
<b>C. Full Name, Mailing Address and ZIP Code</b> Alcatraz Brewing Comp. 49 W. Maryland Indianapolis IN 46204	<b>Purpose of Disbursement</b> Other (Enter description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$43.38
<b>D. Full Name, Mailing Address and ZIP Code</b> Amerftech N17 W24300 Riverwood Drive Waukesha WI 53188	<b>Purpose of Disbursement</b> Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/16/2000	<b>Amount of Each Disbursement this Period</b> \$379.33
<b>E. Full Name, Mailing Address and ZIP Code</b> Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	<b>Purpose of Disbursement</b> Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$24.98
<b>F. Full Name, Mailing Address and ZIP Code</b> Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	<b>Purpose of Disbursement</b> Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$24.05
<b>G. Full Name, Mailing Address and ZIP Code</b> Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	<b>Purpose of Disbursement</b> Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$38.09
<b>H. Full Name, Mailing Address and ZIP Code</b> Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	<b>Purpose of Disbursement</b> Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$28.68
<b>I. Full Name, Mailing Address and ZIP Code</b> Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	<b>Purpose of Disbursement</b> Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$34.87

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$2,215.93
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**Operating Expenditures**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Applebees Restaurant Street Required Goshen IN 46526	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$47.52
AT T Cable 4045 Edison Lakes Pkwy. Mishawaka IN 46545	Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/9/2000	\$42.53
Burkhart Advertising 1335 Mishawaka Ave South Bend IN 46624	Campaign Consultant Campaign Consultant Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/4/2000	\$1,250.00
Carlyle Gregory, Jr. 140 Little Fall St., Suite 104 Falls Church VA 22045	Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/16/2000	\$4,476.49
Channel 99 301 E. 8th Street Michigan City IN 46360	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/9/2000	\$24.00
Citgo Gas Station 65615 SR 15 Goshen IN 46526	Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$41.69
Digital Hill Multi-Media 120 N. 5th St., Suite 3 Goshen IN 46526	Bank Service Charge Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/9/2000	\$89.95
Elkhart Community Bank 303 S. 3rd St. Elkhart IN 46516	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/3/2000	\$15.00

SUBTOTAL of Disbursements This Page (optional)	\$5,987.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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**Operating Expenditures**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Express Line- Osceola P.O. Box 222 Osceola IN 46561	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/9/2000	\$26.25
B. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$13.52
C. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$13.52
D. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$13.52
E. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$30.28
F. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$18.98
G. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$14.30
H. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$18.20
I. Full Name, Mailing Address and ZIP Code Federal Express 3620 Independence Drive Fort Wayne IN 46808	Campaign Mailings Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$18.20

SUBTOTAL of Disbursements This Page (optional)	\$166.77
TOTAL This Period (last page this line number only)	



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use space in each column for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (In Full) **Chris Chocola for Congress, Inc.** C00350928

<p>A. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$13.52</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$16.64</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$13.52</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$15.34</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$18.46</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$18.46</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$18.46</b></p>
<p>H. Full Name, Mailing Address and ZIP Code <b>Federal Express</b> <b>3620 Independence Drive</b> <b>Fort Wayne IN 46808</b></p>	<p>Purpose of Disbursement <b>Campaign Mailings</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$21.32</b></p>
<p>I. Full Name, Mailing Address and ZIP Code <b>Golden Dome Productions</b> <b>Notre Dame Campus</b> <b>South Bend IN 46615</b></p>	<p>Purpose of Disbursement <b>Television Ads</b> <b>Television Ads</b></p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) <b>10/6/2000</b></p>	<p>Amount of Each Disbursement this Period <b>\$476.50</b></p>

<p>SUBTOTAL of Disbursements This Page (optional) .....</p>	<p><b>\$612.22</b></p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)		C00350928	
<b>A. Full Name, Mailing Address and ZIP Code</b> Herschberger, Janelle 14831 Falcon Lane Goshan IN 46526	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/11/2000	<b>Amount of Each Disbursement this Period</b> \$465.86
<b>B. Full Name, Mailing Address and ZIP Code</b> Holsopple, Kent 2401 Sheridan Drive Goshan IN 46526	<b>Purpose of Disbursement</b> Office Expenses September  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/3/2000	<b>Amount of Each Disbursement this Period</b> \$361.39
<b>C. Full Name, Mailing Address and ZIP Code</b> Holsopple, Kent 2401 Sheridan Drive Goshan IN 46526	<b>Purpose of Disbursement</b> Office Expenses  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$307.35
<b>D. Full Name, Mailing Address and ZIP Code</b> Honkers Restaurant 211 E. Days Rd. Mishawaka IN 46545	<b>Purpose of Disbursement</b> other (Enter description) other  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/6/2000	<b>Amount of Each Disbursement this Period</b> \$18.48
<b>E. Full Name, Mailing Address and ZIP Code</b> Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	<b>Purpose of Disbursement</b> Campaign workers' salaries Campaign  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/1/2000	<b>Amount of Each Disbursement this Period</b> \$22.50
<b>F. Full Name, Mailing Address and ZIP Code</b> Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	<b>Purpose of Disbursement</b> Campaign workers' salaries  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/9/2000	<b>Amount of Each Disbursement this Period</b> \$9,145.70
<b>G. Full Name, Mailing Address and ZIP Code</b> Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	<b>Purpose of Disbursement</b> Campaign workers' salaries Taxes  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/9/2000	<b>Amount of Each Disbursement this Period</b> \$3,760.48
<b>H. Full Name, Mailing Address and ZIP Code</b> Kinip, Rita 4020 Edison Lakes Parkway Mishawaka IN 46545	<b>Purpose of Disbursement</b> IN-KIND RECEIVED  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/18/2000	<b>Amount of Each Disbursement this Period</b> \$350.00
<b>I. Full Name, Mailing Address and ZIP Code</b> Lables And Lists 2500 116th Avenue NE Bellevue WA 98004	<b>Purpose of Disbursement</b> Campaign Mailings Campaign Mailings  Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Date (month, day, year)</b> 10/16/2000	<b>Amount of Each Disbursement this Period</b> \$425.23

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>\$14,856.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)		C00350926	
A. Full Name, Mailing Address and ZIP Code Mahoney Strimple Goncharenko 110 E 42nd Street New York NY 10017	Purpose of Disbursement Polling Costs Polling Costs Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$7,450.00
B. Full Name, Mailing Address and ZIP Code Mazurkiewicz, Jason 1521 Tremont Mishawaka IN 46544	Purpose of Disbursement Office Expenses September Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/3/2000	Amount of Each Disbursement this Period \$145.28
C. Full Name, Mailing Address and ZIP Code Mazurkiewicz, Jason 1521 Tremont Mishawaka IN 46544	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$314.05
D. Full Name, Mailing Address and ZIP Code Meijer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$41.28
E. Full Name, Mailing Address and ZIP Code Meijer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$23.25
F. Full Name, Mailing Address and ZIP Code Meijer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$7.34
G. Full Name, Mailing Address and ZIP Code Meijer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$20.85
H. Full Name, Mailing Address and ZIP Code Meijer 5020 Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Other (Enter Description) Gas Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$47.08
I. Full Name, Mailing Address and ZIP Code Michigan City Television 1715 Franklin St. Michigan City IN 46360	Purpose of Disbursement Television Ads Television Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$500.00

SUBTOTAL of Disbursements This Page (optional)	\$8,549.13
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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)		C00350926	
Chris Chocola for Congress, Inc.			
A. Full Name, Mailing Address and ZIP Code Mishawaka Utilities 126 N. Church St. Mishawaka IN 46546	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/9/2000	Amount of Each Disbursement this Period \$223.59
B. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Television Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/3/2000	Amount of Each Disbursement this Period \$33,000.00
C. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Television Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/5/2000	Amount of Each Disbursement this Period \$77,500.00
D. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Media Radio Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/10/2000	Amount of Each Disbursement this Period \$6,720.00
E. Full Name, Mailing Address and ZIP Code National Media 211 N. Union Street Alexandria VA 22314	Purpose of Disbursement Television Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/16/2000	Amount of Each Disbursement this Period \$75,490.00
F. Full Name, Mailing Address and ZIP Code Nelsons 66740 County Road 103 Wakarusa IN 46573	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/2/2000	Amount of Each Disbursement this Period \$425.26
G. Full Name, Mailing Address and ZIP Code Office Depot 5901 N. Grape Rd. Mishawaka IN 46545	Purpose of Disbursement Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$51.33
H. Full Name, Mailing Address and ZIP Code Office Max 5520 Grape Rd. South Bend IN 46635	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$117.44
I. Full Name, Mailing Address and ZIP Code Pizza Hut 6305 University Commons South Bend IN 46635	Purpose of Disbursement other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/6/2000	Amount of Each Disbursement this Period \$11.54

SUBTOTAL of Disbursements This Page (optional)	\$193,539.16
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

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**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris Chocola for Congress, Inc.**

**C00350926**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description) Other	Date (month, day, year)	Amount of Each Disbursement this Period
Pizza Hut 6305 University Commons South Bend IN 46635	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$12.27
Pizza Hut 6305 University Commons South Bend IN 46635	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/2/2000	\$18.89
Postmaster 601 South Main Street Elkhart IN 46516	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/10/2000	\$335.85
Postmaster 601 South Main Street Elkhart IN 46516	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/5/2000	\$165.00
Postmaster 601 South Main Street Elkhart IN 46516	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/3/2000	\$199.12
Postmaster 601 South Main Street Elkhart IN 46516	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/13/2000	\$660.00
Salem Insurance Agency 609 W. Lincoln Ave. Goshen IN 46526	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/9/2000	\$350.00
SC Bodner Company 5240 Nob Lane Indianapolis IN 46226	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/2/2000	\$1,616.28
South Shore 10601 N. State Road 13 Syracuse IN 46567	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/2/2000	\$546.00

SUBTOTAL of Disbursements This Page (optional)

\$3,903.41

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

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17

**Operating Expenditures**

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NAME OF COMMITTEE (in Full)

**Chris Chocola for Congress, Inc.**

**GD0350926**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Sports Image Apparel 58800 Executive Drive Mishawaka IN 46544	Fundraising Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/9/2000	\$452.92
B. Full Name, Mailing Address and ZIP Code Town Crier 3 E. Highway 6 Chesterton IN 46304	Print Ads Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$400.00
C. Full Name, Mailing Address and ZIP Code United Airlines P.O. Box 66100 Antt Ohare IL 60666	Other (Enter Description) Travel Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$520.00
D. Full Name, Mailing Address and ZIP Code US Air 115 W. Washington St. Indianapolis IN 46204	Other (Enter Description) Travel Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$472.00
E. Full Name, Mailing Address and ZIP Code US Signcrafters 216 Lincolnway East Osceola IN 46581	Media Media Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/16/2000	\$1,601.25
F. Full Name, Mailing Address and ZIP Code Varsity Clubs Of America 3800 N. Main St. Mishawaka IN 46545	Other (Enter Description) other Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/16/2000	\$534.88
G. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$9.96
H. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635	Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$10.48
I. Full Name, Mailing Address and ZIP Code Walgreen University Commons South Bend IN 46635	Office Expenses office Expenses Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/6/2000	\$12.56

SUBTOTAL of Disbursements This Page (optional)

\$4,014.05

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 10 OF 10  
FOR LINE NUMBER 17

**Operating Expenditures**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
<b>Walmart</b> <b>Thompson St.</b> <b>Mishawaka IN 46545</b>	<b>Office Expenses office Expenses</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>10/6/2000</b>	<b>\$41.08</b>
<b>WFRN Radio</b> <b>P.O. Box 3</b> <b>Elkhart IN 46515</b>	<b>Media</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>10/13/2000</b>	<b>\$2,000.00</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
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

<b>SUBTOTAL of Disbursements This Page (optional)</b>	<b>\$2,041.08</b>
<b>TOTAL This Period (last page this line number only)</b>	<b>\$235,885.92</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**Principal Repayments (Loans Guaranteed by Candidate)**

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

PAGE 1 OF 1

FOR LINE NUMBER  
19(a)

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

NAME OF COMMITTEE (In Full)

**Chris Chocola for Congress, Inc.**

**C00350926**

A. Full Name, Mailing Address and ZIP Code Chocola, J. Christopher 20380 CR 14 Bristol IN 46507	Purpose of Disbursement Payment on loan dated 11/23/1999 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 10/5/2000	Amount of Each Disbursement this Period \$21,450.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	\$21,450.00
TOTAL This Period (last page this line number only)	\$21,450.00



**SCHEDULE C**

**LOANS**

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full) **Chris Chocola for Congress, Inc.** C00350826

A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<b>Chocola, J. Christopher</b> 20380 CR 14 Bristol, IN 46507 <i>PERSONAL FUNDS</i>	\$25,000.00	\$0.00	\$25,000.00

Election:  Primary  General  Other (Specify):  
 Terms: Date Incurred 12/27/1999 Date Due 12/31/2000 Interest Rate 8 % (apr)  Secured

List All Endorsers or Guarantors (if any) to Item

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

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<b>Chocola, J. Christopher</b> 20380 CR 14 Bristol, IN 46507 <i>PERSONAL FUNDS</i>	\$25,000.00	\$21,450.00	\$ 3,550.00

Election:  Primary  General  Other (Specify):  
 Terms: Date Incurred 11/23/1999 Date Due 12/31/2000 Interest Rate 8 % (apr)  Secured

List All Endorsers or Guarantors (if any) to Item

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

**\$28,550.00**

SUBTOTALS This Period This Page (optional) .....  
 TOTALS This Period (last page in this line only) .....  
 Carry outstanding balance to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary

**SCHEDULE C**

**LOANS**

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in full) **Chris Chocola for Congress, Inc.** CDD350928

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

Terms:      Date Incurred **5/30/2000**      Date Due **12/31/2000**      Interest Rate **8** % (apr)       Secured

List All Endorsers or Guarantors (if any) to item

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

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

List All Endorsers or Guarantors (if any) to item

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

SUBTOTALS This Period This Page (optional) .....	<b>\$25,000.00</b>
TOTALS This Period (last page in this line only) .....	

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

**SCHEDULE C**

**LOANS**

(Revised 3/80) Loans owed BY the Committee

Name of Committee (In Full) **Chris Chocola for Congress, Inc.** G00350928

A. Full Name, Mailing Address and Zip Code of Loan Source <b>Chocola, J. Christopher</b> <b>20380 CR 14</b> <i>PERSONAL FUNDS</i> <b>Bristol, IN 46507</b>	Original Amount of Loan <b>\$50,000.00</b>	Cumulative Payment To Date <b>\$0.00</b>	Balance Outstanding at Close of This Period <b>\$50,000.00</b>
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Election:  Primary  General  Other (Specify):  
 Terms: Date Incurred 9/27/2000 Date Due 12/30/2000 Interest Rate 8 % (apr)  Secured

List All Endorsers or Guarantors (If any) to Item

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

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

List All Endorsers or Guarantors (If any) to Item

1. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding:	[REDACTED]	[REDACTED]
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)	<b>\$50,000.00</b>
TOTALS This Period (last page in this line only)	[REDACTED]

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

**SCHEDULE C**

**LOANS**

(Revised 3/80) Loans owed BY the Committee

Name of Committee (in Full) **Chris Chocola for Congress, Inc.** ID: **000350928**

A. Full Name, Mailing Address and Zip Code of Loan Source <b>Chocola, J. Christopher</b> <b>20380 CR 14</b> <b>Bristol, IN 46507</b> Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Original Amount of Loan <b>\$100,000.00</b>	Cumulative Payment To Date <b>\$0.00</b>	Balance Outstanding at Close of This Period <b>\$100,000.00</b>
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Terms: Date Incurred 10/13/2000 Date Due 12/31/2000 Interest Rate 8 %(apr)  Secured

List All Endorsers or Guarantors (if any) to Item

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

B. Full Name, Mailing Address and Zip Code of Loan Source <b>Chocola, J. Christopher</b> <b>20380 CR 14</b> <b>Bristol, IN 46507</b> Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Original Amount of Loan <b>\$100,000.00</b>	Cumulative Payment To Date <b>\$0.00</b>	Balance Outstanding at Close of This Period <b>\$100,000.00</b>
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Terms: Date Incurred 10/5/2000 Date Due 12/30/2000 Interest Rate 8 %(apr)  Secured

List All Endorsers or Guarantors (if any) to Item

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

SUBTOTALS This Period This Page (optional)	<b>\$200,000.00</b>
TOTALS This Period (last page in this line only)	<b>\$303,550.00</b>

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

**SCHEDULE D**

(Revised 3/80) Owed BY the Committee

**DEBTS AND OBLIGATIONS**

Excluding Loans

FROM

10/1/2000

TO

10/18/2000

PAGE 1 of 1 for

LINE NUMBER 10

(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
090350826 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Perkins Family Restaurant 3251 Interchange Dr. South Bend IN 46617	\$15.34	\$0.00	\$0.00	\$15.34
Nature of Debt (Purpose) Meeting Other (Enter Description)				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Key Bank P.O. Box 810012 Toledo OH 43681	\$29.00	\$0.00	\$0.00	\$29.00
Nature of Debt (Purpose) Bank Service Charge				
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Key Bank P.O. Box 810012 Toledo OH 43681	\$48.73	\$0.00	\$0.00	\$48.73
Nature of Debt (Purpose) Bank Service Charge				
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Kroger 6325 University Commons South Bend IN 46635	\$20.25	\$0.00	\$0.00	\$20.25
Nature of Debt (Purpose) Catering Other (Enter Description)				
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Cross Oberlie 916 Byrd Ave. Neenah WI 54956	\$225.00	\$0.00	\$0.00	\$225.00
Nature of Debt (Purpose) Campaign Literature				
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Interlogic Systems Inc. P.O. Box 2737 Elkhart IN 46515	\$22.50	\$0.00	\$0.00	\$22.50
Nature of Debt (Purpose) Campaign Winners' Estates				

1) SUBTOTALS This Period This Page (optional)	\$360.82
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page 0)	

**SCHEDULE D**

(Revised 3/80) Owed BY the Committee

**DEBTS AND OBLIGATIONS**

Excluding Loans

FROM 10/1/2000 TO 10/18/2000

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
000350626 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Cp Distributing PO Box 220 Mishawaka IN 46546	\$19.95	\$0.00	\$0.00	\$19.95
Nature of Debt (Purpose) Office Expenses				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Postmaster 601 South Main Street Elkhart IN 46516	\$330.00	\$0.00	\$0.00	\$330.00
Nature of Debt (Purpose) Postage				
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Postmaster 601 South Main Street Elkhart IN 46516	\$165.00	\$0.00	\$0.00	\$165.00
Nature of Debt (Purpose) Postage				
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Great Wall Restaurant 49 Pinelake Ave La Porte IN 46350	\$7.30	\$0.00	\$0.00	\$7.30
Nature of Debt (Purpose) Meeting Other (Enter Description)				
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Phone Comp. P.O. Box 152046 Irving TX 75015	\$0.00	\$331.04	\$0.00	\$331.04
Nature of Debt (Purpose) Office Expenses				
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Amoco Gas Station 70509 SR 19 Walkersville IN 46573	\$0.00	\$32.14	\$0.00	\$32.14
Nature of Debt (Purpose) Gas Other (Enter Description)				

1) SUBTOTALS This Period This Page (optional)	\$885.43
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	

**SCHEDULE D**

(Revised 3/80) Owed BY the Committee

**DEBTS AND OBLIGATIONS**

Excluding Loans

FROM

10/1/2000

TO

10/18/2000

PAGE 2 of 4 for  
LINE NUMBER 10  
(Use separate schedule  
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
00036000 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Amoco Gas Station 70509 SR 19 Wakarusa IN 46573 Nature of Debt (Purpose) Gas Other (Enter Description)	\$0.00	\$18.93	\$0.00	\$18.93
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Mobil Gas Station P.O. Box 22001 Tulsa OK 74121 Nature of Debt (Purpose) Gas Other (Enter Description)	\$47.74	\$0.00	\$0.00	\$47.74
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Postmaster 601 South Main Street Elkhart IN 46516 Nature of Debt (Purpose) Postage	\$0.00	\$173.74	\$0.00	\$173.74
D. Full Name, Mailing Address and Zip Code of Debtor or Credit American Cancer Society Street Required City ST 00000 Nature of Debt (Purpose) Other (Enter Description)	\$0.00	\$40.00	\$0.00	\$40.00
E. Full Name, Mailing Address and Zip Code of Debtor or Credit Sprint Printing Donna Bickel 1227 W. Heardley Ave. Elkhart IN 46515 Nature of Debt (Purpose) Fundraising	\$0.00	\$261.45	\$0.00	\$261.45
F. Full Name, Mailing Address and Zip Code of Debtor or Credit Patrick McCarthy 1737 Riggs Place, NW Washington DC 20009 Nature of Debt (Purpose) Media	\$0.00	\$20,798.37	\$0.00	\$20,798.37

1) SUBTOTALS This Period This Page (optional)	\$21,340.23
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of	

**SCHEDULE D**

(Revised 3/80) Owed BY the Committee

**DEBTS AND OBLIGATIONS**

Excluding Loans

FROM 10/1/2000 TO 10/18/2000

PAGE 4 of 4 for  
LINE NUMBER 14  
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
CO0950828 Chris Chocola for Congress, Inc.				
A. Full Name, Mailing Address and Zip Code of Debtor or Credit Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	\$0.00	\$35.81	\$0.00	\$35.81
Nature of Debt (Purpose) Gas Other (Enter Description)				
B. Full Name, Mailing Address and Zip Code of Debtor or Credit Four Star Rental 1504 Basbor Rd. Goshen IN 46527	\$0.00	\$246.40	\$0.00	\$246.40
Nature of Debt (Purpose) Other (Enter Description)				
C. Full Name, Mailing Address and Zip Code of Debtor or Credit Amoco Gas Station 70509 SR 19 Wakarusa IN 46573	\$0.00	\$45.00	\$0.00	\$45.00
Nature of Debt (Purpose) Gas Other (Enter Description)				
D. Full Name, Mailing Address and Zip Code of Debtor or Credit Pizza Hut 6305 University Commons South Bend IN 46635	\$23.09	\$0.00	\$0.00	\$23.09
Nature of Debt (Purpose) Meeting Other (Enter Description)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				
Full Name, Mailing Address and Zip Code of Debtor or Credit				
Nature of Debt (Purpose)				

1) SUBTOTALS This Period This Page (optional)	\$350.30
2) TOTALS This Period (last page in this line only)	\$22,936.78
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$203,550.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page o	\$326,486.78



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## Reattributed/Reattribution Record

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23-Oct-00

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<u>From</u>			<u>To</u>		
<u>Reattributed</u>	<u>Date</u>	<u>Amount</u>	<u>Reattribution</u>	<u>Date</u>	<u>Amount</u>
L. Jean Fletcher 56099 CR 21 Bristol, IN 46507	7/5/2000 General 2000	(\$50.00)	Ken Fletcher 56099 CR 21 Bristol, IN 46507	7/5/2000 General 2000	\$50.00
Andrew Frack 55992 Dana Dr. Bristol, IN 46507	10/9/2000 General 2000	(\$100.00)	Kathy Frack 55992 Dana Dr. Bristol, IN 46507	10/9/2000 General 2000	\$100.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/23/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CR PREPARER	10/26/00 DATE PREPARED