

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(1)

**Contributions from Individuals**

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NAME OF COMMITTEE (In Full) **Chris 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> Killoran, 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 Pfaff Brotherson &amp; Killoran</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>