

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Hoosiers Supporting Buyer For Congress

ADDRESS (number and street) 200 North Main St., P.O. Box 712
 Check if different than previously reported. (ACC)
Monticello, IN 47960

2. **FEC IDENTIFICATION NUMBER** C00255471
CITY STATE ZIP CODE STATE DISTRICT
IN 04
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of IN

5. Covering Period 10 16 2008 through 11 24 2008

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 Douglas E. Raderstorf
Signature of Treasurer Electronically Filed by Douglas E. Raderstorf Date 12 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Hoosiers Supporting Buyer For Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	43139.43	859690.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	43139.43	859190.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	479603.72	883658.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	415.24
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	479603.72	883243.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	380185.16	
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).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Hoosiers Supporting Buyer For Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
16379.93	250518.78	0.00																																																
(ii) Unitemized																																																		
3009.50	40071.57	0.00																																																
(iii) Total of contributions from individuals																																																		
19389.43	290590.35	0.00																																																
(b) Political Party Committees																																																		
1000.00	9935.42	0.00																																																
(c) Other Political Committees																																																		
22750.00	559164.73	0.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
43139.43	859690.50	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	415.24	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
24.45	10325.88	4.93
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
43163.88	870431.62	4.93

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Hoosiers Supporting Buyer For Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
479603.72	883658.60	20978.86
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	500.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	500.00	0.00
------	--------	------

21. OTHER DISBURSEMENTS

0.00	12300.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

479603.72	896458.60	20978.86
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

43139.43	859190.50	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

479603.72	883243.36	20978.86
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	816625.00
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	43163.88
25. SUBTOTAL(add Line 23 and Line 24)	859788.88
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	479603.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	380185.16

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) John Adams</p> <p>Mailing Address 5728 Indianola Ave.</p> <p>City State Zip Code Indianapolis IN 46220</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81202.C17730</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) James Andrew</p> <p>Mailing Address 620 Central Avenue</p> <p>City State Zip Code Lafayette IN 47905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Henry Poor Lumber Co. owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 550.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81202.C17705</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) John Bales, II</p> <p>Mailing Address P.O. Box 441219</p> <p>City State Zip Code Indianapolis IN 46244</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81202.C17709</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Paul Cardwell

Mailing Address 1407 Indian Hills

City State Zip Code
Monticello IN 47960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
White County Hospital administrator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	8

Transaction ID: 81202.C17731

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Elizabeth Carpenter

Mailing Address 2170 Tecumseh Park Lane

City State Zip Code
West Lafayette IN 47906

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Transaction ID: 81202.C17773

Amount of Each Receipt this Period
50.00

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

C.

Full Name (Last, First, Middle Initial)
Larry Contos

Mailing Address 108 Beauvoir Circle

City State Zip Code
Anderson IN 46011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Transaction ID: 81202.C17793

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Kenneth Culp</p> <p>Mailing Address 3496 S. 150 W.</p> <p>City State Zip Code Rensselaer IN 47978</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self Farmer</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</p> <p>Transaction ID: 81202.C17777</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Randy Denney</p> <p>Mailing Address 2678 East 400 South</p> <p>City State Zip Code Clayton IN 46118</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation self Excavator</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">650.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8</p> <p>Transaction ID: 81202.C17733</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) John Earnest</p> <p>Mailing Address P.O. Box 1897</p> <p>City State Zip Code Marion IN 46952</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation Preferred Medical Management Executive Director</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8</p> <p>Transaction ID: 81030.C17697</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Richard Ford
Mailing Address P.O. Box 454
City Wabash State IN Zip Code 46992
FEC ID number of contributing federal political committee. **C**
Name of Employer Not Employed Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81202.C17735
Amount of Each Receipt this Period 200.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Fortin
Mailing Address 890 Brainbridge Drive
City West Chester State PA Zip Code 19382
FEC ID number of contributing federal political committee. **C**
Name of Employer Haas TCM Occupation CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 11 / 04 / 2008
Transaction ID: 81202.C17708
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert Hagen
Mailing Address 2105 Summertime Trail
City Lafayette State IN Zip Code 47909
FEC ID number of contributing federal political committee. **C**
Name of Employer Lafayette Orthopaedic Clinic Occupation Orthopedic Surgeon
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 10 / 24 / 2008
Transaction ID: 81202.C17796
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1450.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Richard Horton

Mailing Address P.O. Box 747

City State Zip Code
Monon IN 47959

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

Name of Employer self Occupation
self Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: 81202.C17790

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

B. Full Name (Last, First, Middle Initial)
Fred Klipsch

Mailing Address 3502 Woodview Trace #200

City State Zip Code
Indianapolis IN 46268

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

Name of Employer self Occupation
self CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 1000.00

Transaction ID: 81028.C17689

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

C. Full Name (Last, First, Middle Initial)
Vince Marino

Mailing Address 647 Island Park Drive

City State Zip Code
Charleston SC 29492

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

Name of Employer self Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 2300.00

Transaction ID: 81202.C17748

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

SUBTOTAL of Receipts This Page (optional) ▶ **3350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Gus Martschink

Mailing Address 185 Cottonwood Lane

City State Zip Code
Summerfield NC 27358

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C17795

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Dane Miller

Mailing Address P.O. Box 587
16 Stone Camp Trail

City State Zip Code
Winona Lake IN 46590

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

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008

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

Transaction ID: 81021.C17527

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Devon Query

Mailing Address P.O. Box 626

City State Zip Code
Monon IN 47959

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

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C17768

Amount of Each Receipt this Period
48.00

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

SUBTOTAL of Receipts This Page (optional) ► **2248.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Pamela Ratcliff

Mailing Address 5172 Gardenia Court

City State Zip Code
West Lafayette IN 47906

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1025.00

Date of Receipt MM / DD / YYYY
11 / 02 / 2008

Transaction ID: 81202.C17703

Amount of Each Receipt this Period 25.00

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

B.

Full Name (Last, First, Middle Initial)
Max Scott

Mailing Address 229 9th Ave., NW

City State Zip Code
Demotte IN 46310

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
11 / 03 / 2008

Transaction ID: 81202.C17776

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Donald Shuel

Mailing Address 4220 Saguaro Trail

City State Zip Code
Indianapolis IN 46268

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HP Products Corp. Pres./CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 81202.C17797

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) 625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Thomas Slusser

Mailing Address P.O. Box 33

City State Zip Code
Logansport IN 46947

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

Name of Employer
Slussers Greenthumb, Inc.

Occupation
Self Employed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C17772

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
Marianne Tobias

Mailing Address Five E. 71st St.

City State Zip Code
Indianapolis IN 46220

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

Name of Employer
The Indianapolis Symphony

Occupation
pianist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81202.C17711

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Randall Tobias

Mailing Address 500 E. 96th Street
Suite 110

City State Zip Code
Indianapolis IN 46240

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

Name of Employer
Eli Lilly & Company

Occupation
chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81202.C17710

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Claudia Valente

Mailing Address 600 Fourteenth Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
295.93

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: 81028.C17687

Amount of Each Receipt this Period

295.93

In-Kind

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

Note: food & bev. expense

B.

Full Name (Last, First, Middle Initial)
Matthew Whetstone

Mailing Address 23 Oakmont Dr.

City State Zip Code
Brownsburg IN 46112

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8

Transaction ID: 81202.C17783

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Jon Williams

Mailing Address 4593 Pascagoula Run

City State Zip Code
Greenwood IN 46143

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

Name of Employer self Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
286.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C17766

Amount of Each Receipt this Period

36.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

831.93

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Ed Wyatt

Mailing Address 35460 Sassafra Drive

City Round Hill State VA Zip Code 20141

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

Name of Employer self Occupation Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 11 / 03 / 2008
Transaction ID: 81202.C17743
 Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Dr. David Zauel

Mailing Address 1 Manor Dr.

City Danville State IN Zip Code 46122

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 10 / 28 / 2008
Transaction ID: 81202.C17803
 Amount of Each Receipt this Period 225.00

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

C.

Full Name (Last, First, Middle Initial)
Richard Zuckerman

Mailing Address P.O. Box 294

City Point Lookout State NY Zip Code 11569

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

Name of Employer Lesser, Leff & Company Occupation CPA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt 11 / 03 / 2008
Transaction ID: 81202.C17742
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **975.00**

TOTAL This Period (last page this line number only) ▶ **16379.93**

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

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

FOR LINE NUMBER: PAGE 17 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Amazon PAC
Mailing Address 126 C Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8
Transaction ID: 81030.C17699
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Association of
Mailing Address Orthodontist PAC
401 North Lindbergh Blvd.
City St. Louis State MO Zip Code 63141
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8
Transaction ID: 81202.C17747
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Health Care
Mailing Address Association PAC
1201 L Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
10000.00
Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 8
Transaction ID: 81024.C17686
Amount of Each Receipt this Period
3750.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
B&D Consulting PAC

Mailing Address 300 North Meridian Street
Suite 2700

City Indianapolis State IN Zip Code 46204

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 03 / 2008
Transaction ID: 81202.C17745
Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
BP America

Mailing Address Larry Burton
1776 Eye St., NW Suite 1000

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2008
Transaction ID: 81020.C17521
Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Build PAC of the National Assoc.

Mailing Address of Home Builders
1201 15th St., NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt 11 / 03 / 2008
Transaction ID: 81202.C17746
Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
College of American Pathologists PAC

Mailing Address 1350 I St., NW
Suite 590

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 04 / 2008
Transaction ID: 81202.C17707
 Amount of Each Receipt this Period 3000.00

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

B. Full Name (Last, First, Middle Initial)
Consumer Healthcare Products Assoc. PAC

Mailing Address 900 19th Street NW
Suite 700

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 81030.C17700
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address Political Support Committee
1000 Chrysler Dr. , CIMS 485-09-82

City Auburn Hills State MI Zip Code 48326

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2008
Transaction ID: 81028.C17691
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Federal Express PAC

Mailing Address 942 S. Shady Grove Rd.

City State Zip Code
Memphis TN 38130

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: 81202.C17706

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Mylan Inc. PAC

Mailing Address 1500 Corporate Drive

City State Zip Code
Canonsburg PA 15317

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 81020.C17522

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NRA-Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code
Fairfax VA 22030

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81202.C17744

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 43
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Pepsi-Cola General Bottlers PAC

Mailing Address 1475 East Woodfield Road
Suite 1300

City State Zip Code
Schaumburg IL 60173

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 81028.C17692

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Red Rooster Leadership PAC

Mailing Address 228 South Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 3 0 / 2 0 0 8

Transaction ID: 81030.C17698

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Sanofi-Aventis Employees PAC

Mailing Address 300 Somerset Corporate Blvd.
Mail Stop SC3-125A

City State Zip Code
Bridgewater NJ 08807

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: 81028.C17690

Amount of Each Receipt this Period
2500.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 22 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) White Castle, Pac		Date of Receipt	
	Mailing Address 555 W. Goodale St.		M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 81202.C17782
	Columbus	OH	43215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	500.00
	Name of Employer		Occupation	Receipt
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		500.00		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	22750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 43
(check only one)

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

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Louie Gohmert for Congress

Mailing Address 3310 South Broadway
Suite 100

City State Zip Code
Tyler TX 75701

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 81029.C17693

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 43
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial) Lafayette Bank & Trust		Date of Receipt MM / DD / YYYY 11 / 06 / 2008
Mailing Address P.O. Box 1130		Transaction ID: 81202.C17704
City Lafayette	State IN	Zip Code 47902-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.93
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 482.59	Note: interest form cd

B.

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 119 North Main Street		Transaction ID: 81202.C17806
City Monticello	State IN	Zip Code 47960-6748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.52
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9848.22	Note: October interest

SUBTOTAL of Receipts This Page (optional)	24.45
TOTAL This Period (last page this line number only)	24.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Affordable Screen Printing Mailing Address 8262 North Kiger Drive City Monticello State IN Zip Code 47960- Purpose of Disbursement t-shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8116 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 849.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 T-SHIRTS
B.	Full Name (Last, First, Middle Initial) AT&T Wireless Mailing Address P.O. Box 8220 City Fox Valley State IL Zip Code 60572- Purpose of Disbursement cell phone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8111 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 198.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE EXPENSE
C.	Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address City Fox Valley State IL Zip Code 60572- Purpose of Disbursement cell phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8137 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 86.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE BILL

SUBTOTAL of Disbursements This Page (optional) ▶

1133.88

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Stephen Buyer</p> <p>Mailing Address 200 North Main St.</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement reimb/fundraiser expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 81202.E8128 Date of Disbursement 11 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 3745.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMB/FUNDRAISER EXPENSE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cafe Recess</p> <p>Mailing Address 613 Pennsylvania Ave. SE</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement food & bev. expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 81202.E8133 Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 330.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FOOD & BEV. EXPENSE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st. St., S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement food & bev. expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: 81202.E8126 Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1329.91</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FOOD & BEV. EXPENSE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5405.37

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Chrysler Financial</p> <p>Mailing Address P.O. Box 55000 Dept. 203201</p> <p>City Detroit State MI Zip Code 48255-</p> <p>Purpose of Disbursement lease payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8129 Date of Disbursement 11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 434.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LEASE PAYMENT</p>
<p>B. Full Name (Last, First, Middle Initial) Jon Clark</p> <p>Mailing Address 200 North Main Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement reimb/travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8119 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 984.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMB/TRAVEL EXPENSE</p>
<p>C. Full Name (Last, First, Middle Initial) Jon Clark</p> <p>Mailing Address 200 North Main Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8120 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1452.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2872.23

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Comcast Mailing Address City State Zip Code Monticello IN 47960- Purpose of Disbursement cable service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8141 Date of Disbursement 11 / 24 / 2008 Amount of Each Disbursement this Period 58.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Hansen & Associates Mailing Address 12077 Oakwood Dr. City State Zip Code Demotte IN 46310- Purpose of Disbursement printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8125 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 492.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING EXPENSE
C.	Full Name (Last, First, Middle Initial) Hill Research Consultants Mailing Address 25511 Budde Road Suite 130 City State Zip Code The Woodlands TX 77380- Purpose of Disbursement telephone poll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8114 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 13185.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE POLL

SUBTOTAL of Disbursements This Page (optional) ▶

13736.29

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Hill Research Consultants Mailing Address 25511 Budde Road Suite 130 City The Woodlands State TX Zip Code 77380- Purpose of Disbursement poll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81028.E8099 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 5265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLL
B.	Full Name (Last, First, Middle Initial) Hill Research Consultants Mailing Address 25511 Budde Road Suite 130 City The Woodlands State TX Zip Code 77380- Purpose of Disbursement telephone poll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8140 Date of Disbursement 11 / 19 / 2008 Amount of Each Disbursement this Period 3900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE POLL
C.	Full Name (Last, First, Middle Initial) Ind. Dept of Revenue Mailing Address 100 N. Senate Ave. City Indianapolis State IN Zip Code 46204- Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8147 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 204.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶

9369.04

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Ind. Dept. of Workplace Development	Transaction ID: 81202.E8112
	Mailing Address P.O. Box 5486	Date of Disbursement 10 / 20 / 2008
	City Indianapolis State IN Zip Code 46255-	Amount of Each Disbursement this Period 138.93
	Purpose of Disbursement payroll taxees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXEES

B.	Full Name (Last, First, Middle Initial) Journal & Courier	Transaction ID: 81202.E8130
	Mailing Address 217 N. Sixth St.	Date of Disbursement 11 / 12 / 2008
	City Lafayette State IN Zip Code 47901-	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement advertisement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADVERTISEMENT

C.	Full Name (Last, First, Middle Initial) Mail Inc.	Transaction ID: 81202.E8131
	Mailing Address P.O. Box 5685	Date of Disbursement 11 / 12 / 2008
	City Lafayette State IN Zip Code 47903-	Amount of Each Disbursement this Period 3877.15
	Purpose of Disbursement postage/printing expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE/PRINTING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	4416.08
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Stephanie Mattix Mailing Address 200 N. Main St. City Monticello State IN Zip Code 47960- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8121 Date of Disbursement 10 / 30 / 2008 Amount of Each Disbursement this Period 1669.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B.	Full Name (Last, First, Middle Initial) Stephanie Mattix Mailing Address 200 N. Main St. City Monticello State IN Zip Code 47960- Purpose of Disbursement reimb. for fundraiser gifts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8101 Date of Disbursement 11 / 07 / 2008 Amount of Each Disbursement this Period 178.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMB. FOR FUNDRAISER GIFTS
C.	Full Name (Last, First, Middle Initial) Stephanie Mattix Mailing Address 200 N. Main St. City Monticello State IN Zip Code 47960- Purpose of Disbursement reimb. for fundriaser supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8132 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 204.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMB. FOR FUNDRIASER SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

2051.41

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Stephanie Mattix Mailing Address 200 N. Main St. City Monticello State IN Zip Code 47960- Purpose of Disbursement reimb. for travel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8134 Date of Disbursement 11 / 12 / 2008 Amount of Each Disbursement this Period 1263.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMB. FOR TRAVEL EXPENSE
B.	Full Name (Last, First, Middle Initial) Midwest Rentals Mailing Address 506 Brown St. City Lafayette State IN Zip Code 47901- Purpose of Disbursement rental equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8123 Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 189.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENTAL EQUIPMENT
C.	Full Name (Last, First, Middle Initial) Monticello Water & Sewer Departments Mailing Address P.O. Box 384 City Monticello State IN Zip Code 47960- Purpose of Disbursement water bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8138 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 35.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WATER BILL

SUBTOTAL of Disbursements This Page (optional) ▶	1488.23
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Morgan, Meredith & Assoc.

Mailing Address 2875 Towerview Road
Suite 100

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
fundraiser consulting fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81202.E8124
Date of Disbursement

11 / 07 / 2008

Amount of Each Disbursement this Period

3250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FUNDRAISER CONSULTING FEE

B.

Full Name (Last, First, Middle Initial)
Nipsco

Mailing Address P.O. Box 13007

City Merrillville State IN Zip Code 46411-

Purpose of Disbursement
electric bill

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81202.E8103
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

109.69

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

ELECTRIC BILL

C.

Full Name (Last, First, Middle Initial)
Paypal

Mailing Address

City State Zip Code

Purpose of Disbursement
monthly fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 81202.E8148
Date of Disbursement

11 / 02 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

MONTHLY FEE

SUBTOTAL of Disbursements This Page (optional)

3389.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Paypal Mailing Address City State Zip Code Purpose of Disbursement fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81202.E8149 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 5.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEE
B.	Full Name (Last, First, Middle Initial) Postmaster Mailing Address 125 W. Broadway City State Zip Code Monticello IN 47960- Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81202.E8104 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 Amount of Each Disbursement this Period 84.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C.	Full Name (Last, First, Middle Initial) Q Graphics Mailing Address 108 E. Main St. P.O. Box 180 City State Zip Code Delphi IN 46923- Purpose of Disbursement printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 81202.E8105 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8 Amount of Each Disbursement this Period 1389.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING EXPENSE

SUBTOTAL of Disbursements This Page (optional)	1478.66
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Q Graphics	Transaction ID: 81202.E8107
	Mailing Address 108 E. Main St. P.O. Box 180	Date of Disbursement 10 / 31 / 2008
	City Delphi State IN Zip Code 46923-	Amount of Each Disbursement this Period 1332.15
	Purpose of Disbursement printing expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINTING EXPENSE

B.	Full Name (Last, First, Middle Initial) Doug Raderstorf	Transaction ID: 81202.E8117
	Mailing Address 200 N. Main St.	Date of Disbursement 10 / 31 / 2008
	City Monticello State IN Zip Code 47960-	Amount of Each Disbursement this Period 384.78
	Purpose of Disbursement payroll	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Sandler-Innocenzi, Inc.	Transaction ID: 81028.E8095
	Mailing Address 705 Prince Street	Date of Disbursement 10 / 16 / 2008
	City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period 194264.00
	Purpose of Disbursement media advertising	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MEDIA ADVERTISING

SUBTOTAL of Disbursements This Page (optional)	195980.93
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Sandler-Innocenzi, Inc.

Transaction ID: 81028.E8094
Date of Disbursement

Mailing Address 705 Prince Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	8

City State Zip Code
Alexandria VA 22314-

Amount of Each Disbursement this Period

232860.84

Purpose of Disbursement
media advertising

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

MEDIA ADVERTISING

B.

Full Name (Last, First, Middle Initial)
Sign Magic

Transaction ID: 81202.E8102
Date of Disbursement

Mailing Address 202 W. Rickey Rd.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

City State Zip Code
Monticello IN 47960-

Amount of Each Disbursement this Period

155.15

Purpose of Disbursement
fundraiser signs

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

FUNDRAISER SIGNS

C.

Full Name (Last, First, Middle Initial)
SugarDog

Transaction ID: 81202.E8135
Date of Disbursement

Mailing Address P.O. Box 839

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

City State Zip Code
Monticello IN 47960-

Amount of Each Disbursement this Period

34.99

Purpose of Disbursement
internet service

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional)

233050.98

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Super Test Service Stations</p> <p>Mailing Address 305 W. Broadway Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8136</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="73.14"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>GASOLINE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Super Test Service Stations</p> <p>Mailing Address 305 W. Broadway Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8139</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="60.01"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>GASOLINE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address P.O. Box 85036</p> <p>City Louisville State KY Zip Code 40285-5036</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8106</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.51"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SHIPPING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

153.66

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Claudia Valente

Mailing Address 600 Fourteenth Street, NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Note: food & bev. expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81028.C17687IK
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

295.93

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

IN KIND: NOTE: FOOD & BEV.
EXPENSE

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 630024

City Lafayette State IN Zip Code 47901-

Purpose of Disbursement
cell phone expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81202.E8110
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

106.91

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELL PHONE EXPENSE

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 630024

City Lafayette State IN Zip Code 47901-

Purpose of Disbursement
cell phone expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81202.E8108
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

58.75

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CELL PHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

461.59

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A. Full Name (Last, First, Middle Initial) Vogel Management</p> <p>Mailing Address P.O. Box 987</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement November rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8142 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NOVEMBER RENT</p>
<p>B. Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement wire fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81028.E8096 Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WIRE FEE</p>
<p>C. Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement wire fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81028.E8098 Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WIRE FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

290.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8113 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 170.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES	
B.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement wire fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81028.E8097 Date of Disbursement 10 / 24 / 2008 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WIRE FEE	
C.	Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address 119 North Main Street City Monticello State IN Zip Code 47960-6748 Purpose of Disbursement petty cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E8115 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PETTY CASH	

SUBTOTAL of Disbursements This Page (optional) ▶

290.96

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8144</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 57.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wells Fargo</p> <p>Mailing Address 119 North Main Street</p> <p>City Monticello State IN Zip Code 47960-6748</p> <p>Purpose of Disbursement payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8143</p> <p>Date of Disbursement 11 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1444.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Eric Woolf</p> <p>Mailing Address 200 North Main Street</p> <p>City Monticello State IN Zip Code 47960-</p> <p>Purpose of Disbursement payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81202.E8122</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1240.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2742.43

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 43

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A.

Full Name (Last, First, Middle Initial)
Eric Woolf

Mailing Address 200 North Main Street

City State Zip Code
Monticello IN 47960-

Purpose of Disbursement
reimb/travel expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81202.E8118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMB/TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hill Research Consultants			Nature of Debt (Purpose): telephone poll
Mailing Address 25511 Budde Road Suite 130			
City The Woodlands	State TX	ZIP Code 77380-	

Outstanding Balance Beginning This Period		Transaction ID: LS81202.E8114	
13185.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	13185.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00