

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 6 11 57 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) WEINZAPFEL FOR CONGRESS		2. FEC IDENTIFICATION NUMBER 00305813
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 2003 W. Franklin Street		
CITY, STATE and ZIP CODE Evansville, IN 47712	STATE/DISTRICT IN/8th	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report for the General (Type of Election) election on November 5 in the State of Indiana
- Termination Report

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

SUMMARY

5. Covering Period <u>10-17-96</u> through <u>11-25-96</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	86,927.25	465,573.11
(b) Total Contribution Refunds (from Line 20(d))	2,172.44	2,172.44
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	84,754.81	463,400.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	104,497.25	469,947.16
(b) Total Offsets to Operating Expenditures (from Line 14)	--	974.95
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	104,497.25	468,972.21
8. Cash on Hand at Close of Reporting Period (from Line 27)	2,557.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	--	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	--	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9580
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Roselle Weinzapfel	Date 12-3-96
Signature of Treasurer <i>Roselle Weinzapfel</i>	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
WEINZAPFEL FOR CONGRESS C00305813	From: 10-17-96	To: 11-25-96
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	14,155.00	
(ii) Unitemized -----	13,152.25	
(iii) Total of contributions from individuals -----	27,307.25	216,083.11
(b) Political Party Committees -----	12,155.00	63,605.00
(c) Other Political Committees (such as PACs) -----	47,465.00	185,885.00
(d) The Candidate -----	--	--
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	86,927.25	665,573.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----		
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	--	18,000.00
(b) All Other Loans -----	--	--
(c) TOTAL LOANS (add 13(a) and (b)) -----	--	18,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	--	974.95
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	86,927.25	484,548.06
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	104,497.25	469,947.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	--	--
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	--	18,000.00
(b) Of All Other Loans -----	--	--
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	--	18,000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	100.00	100.00
(b) Political Party Committees -----	--	--
(c) Other Political Committees (such as PACs) -----	2,072.44	2,072.44
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	2,172.44	2,172.44
21. OTHER DISBURSEMENTS -----	--	2,729.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	106,669.69	492,848.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	22,299.85	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	86,927.25	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	109,227.10	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	106,669.69	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	2,557.41	27

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
WEINZAPFEL FOR CONGRESS C00305813				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor PAUL KINNEY PRODUCTIONS 455 CAPITOL MALL, STE 227 SACRAMENTO, CA 95814	11099.00	47299.55	58398.55	--
Nature of Debt (Purpose): TV PRODUCTION + MEDIA CONS				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INARI INFORMATION SERVICES INC. 804 N. COLLEGE AVE BLOOMINGTON, IN 47404	518.50	687.70	1206.20	--
Nature of Debt (Purpose): FILM DESIGN				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor DIAMOND TEES 1413 N. HEIDELBERG AVE. EVANSVILLE, IN 47711	666.75	--	666.75	--
Nature of Debt (Purpose): T-SHIRTS				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				--
2) TOTALS This Period (last page in this line only)				--
3) TOTAL OUTSTANDING LOANS from Schedule G (last page only)				--
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				--

SCHEDULE A

ITEMIZED RECEIPTS Committees

Contributions from Individuals/Persons Other than Political

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

PAGE 11 OF 6

FOR LINE NUMBER 11(a)(2)

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) **WEINZAPFEL FOR CONGRESS** ID# **000305813**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Birch Bayh 5019 Lowell St., NW Washington, DC 20016	Bayh, Connaughton & Malone Occupation: Attorney	10-23-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
R H Brown 708 Kennedy Dr Fort Branch, IN 47618	Occupation: Retired	10-25-96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
Jerry A Church 901 Vincennes Ave Petersburgh, IN 47567	Citizens State Bank Occupation: Banker	10-25-96	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
J Edward Doyle 2458 Wegward Wind DR Indianapolis, IN 46239	ROAW CORP. Architectoral Engineer Occupation: CEO	10-22-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
William B Edgerton 1801 E Maxwell Lane Bloomington, IN 47401	Occupation: Retired	10-15-96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
David A Franklin 5528 Hogue Rd Evansville, IN 47712	Memorial High School Occupation: Teacher	10-18-96 10-18-96	100.00 225.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 525.00		
Patrick G Gorman 5831 Gabes Dr Evansville, IN 47720	CWA Occupation: BA	11-5-96	275.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 275.00		

SUBTOTAL of Receipts This Page (optional) **2400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS, Committees

Contributions from Individuals/Persons Other than Political

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

PAGE 2 OF 6
FOR LINE NUMBER 118(L)

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

000305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Clyde Gray 11075 Woods Bay Ln Indianapolis, IN 46236	Gray Robinson	10-22-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gregory F Hahn One Indiana Sq., Ste 2100 Indianapolis, IN 46204-2032	Self Employed	10-22-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard A Heald II 8 Burgess Rd Worcester, MA 01609		10-31-96	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Student	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C Dean Higginbotham 208 E Street Princeton, IN 47670	Self-Employed	10-19-96	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael A Hoffman Austin, TX 78763	Warburg Pincus	10-28-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Banker	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan P Hogan 661 East Ninth Street Indianapolis, IN 47202-3462	Self-Employed	10-26-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial Consultant	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Timothy F Kelly 9250 Columbia Ave., Ste 2A Munster, IN 46321	Self-Employed	11-3-96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

3075.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS Committees

Contributions from Individuals/Persons Other than Political

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

PAGE 3 OF 6
FOR LINE NUMBER 11(a)(2)

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NAME OF COMMITTEE (in Full) WEINZAPFEL FOR CONGRESS CD0305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Klineman 11707 Forest Dr Carmel, IN		10-22-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1500.00		
B. Full Name, Mailing Address and ZIP Code Audra L. Levy 333 Akers Ridge DR NW Atlanta, GA 39339	WSBV	10-18-96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: News Producer Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Tina Murphy PHD 422 W Water ST Newburgh, IN 47630	St Mary's Medical Center	10-21-96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 550.00		
D. Full Name, Mailing Address and ZIP Code Mary Beth Ramey 8624 Bay Colony Dr Indianapolis, IN 46234	Ramey & Railey	10-31-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Mary F Robbins 407 Lafayette Ave. Oolitic, IN 47451	Convocare	10-15-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Partner Aggregate Year-to-Date > \$ 1100.00		
F. Full Name, Mailing Address and ZIP Code Sharon Robbins 405 Shandell DR Bedford, IN 47421		10-22-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Arnold A Saltzman 350 Fifth Ave., Suite 8008 New York, NY 10118-0151	Windsor Production Corporation	10-30-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Executive Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS Committees

Contributions from Individuals/Persons Other than Political

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

PAGE 4 OF 6

FOR LINE NUMBER 112 (1)

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

C00305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Shofstall 1817 Aviation Ave Evansville, IN 47711-4245	Painters Union	10-24-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BA	Aggregate Year-to-Date > \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard W Shymanski 233 SE 3rd Street Evansville, IN 47712-1266	Harding Shymanski & Company	10-17-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA	Aggregate Year-to-Date > \$ 750.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrea Soros 243 W 4th St New York, NY 10014	Tracey Foundation	10-25-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Co-Director	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Soros 136 Cantitoe St Katonah, NY 10536	Soros Fund Management	10-25-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Fund Manager	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Soros 25 Central Park West New York, NY 10023		10-25-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Student	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melissa Schiff Soros 263 W 11th Street New York, NY 10014		10-25-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Graduate Student	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Weber Soros 136 Cantitoe St Katonah, NY 10536	Bard Graduate Center for Studies In the Decroitive Arts	10-25-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS Committees

Contributions from Individuals/Persons Other than Political

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

PAGE 5 OF 6

FOR LINE NUMBER

112(2)

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NAME OF COMMITTEE (In Full) **WEINZAPFEL FOR CONGRESS** ID NUMBER **C00305813**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanna Stafford 1199 Buckingham E Bloomington, IN 47401		10-17-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 450.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald J Traylor P O Box 68 Montgomery, IN 47358-0068	Self Employed	10-22-96	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Fertilizer Sales Aggregate Year-to-Date > \$ 950.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward T Treacy 101 W Ohio St. Ste 560 Indianapolis, IN 46204	Self Employed	10-22-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald R Warren 2729 Brig's Bend Bloomington, IN 47401	Indiana University	10-24-96	125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Administrator Aggregate Year-to-Date > \$ 675.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg Weinzapfel 700 S Posey Co Line Rd Evansville, IN 47712	James Hoffman Plumbing	10-24-96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Plumber Aggregate Year-to-Date > \$ 375.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marianna Weinzapfel 5334 N College Indianapolis, IN 46220	Weinzapfel For Congress	10-22-96	80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Coordinator Aggregate Year-to-Date > \$ 920.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ann Weinzapfel 9600 Middle Mt Vernon Road Evansville, IN 47712		10-17-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 375.00		

SUBTOTAL of Receipts This Page (optional) **1105.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS Committees

Contributions from Individuals/Persons Other than Political

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

PAGE 6 OF 6

FOR LINE NUMBER

1167 (2)

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NAME OF COMMITTEE (in Full)
WEINZAPFEL FOR CONGRESS

000305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alfred C Aman, Jr 3703 Chaudion Ct Bloomington, IN 47401	Indiana University	10-24-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dean	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James E Burch R R #4 Box 431 Loogootee, IN 47553-9173	Mid-West Engineer	10-22-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David R Rollo 911 S Dunn Street Bloomington, IN 47401	Indiana University	10-21-96	175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Research Associate	Aggregate Year-to-Date > \$ 225.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

14155.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Party Committees

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

PAGE 1 OF 4
FOR LINE NUMBER 11 (A)

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NAME OF COMMITTEE (in Full)			
WEINZAPFEL FOR CONGRESS		C00305813	
<p>A. Full Name, Mailing Address and ZIP Code Gibson County Democrat C.C. 208 E State Street Princeton, IN</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 10-31-96</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Green County Democratic C. C. Linton, IN 47441</p>			
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 10-26-96</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Green County Democratic C. C. Linton, IN 47441</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2000.00</p>	<p>Date (month, day, year) 10-26-96</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code House Majority Fund 12329 Needlepine Terrace Silver Spring, MD 20904</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 10-22-96</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code John D Dingell For Congress Committee 607 14th St, NW, Suite 800 Washington, DC 20005</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 10-31-96</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John Frenz for State Rep. 1306 Forest Hill Dr Vincennes, IN 47591</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year) 10-31-96</p> <p>Amount of Each Receipt this Period 600.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Knox Co Democrat Central Comm P O Box 397 Vincennes, IN 47591</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>		<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1200.00</p>	<p>Date (month, day, year) 10-29-96</p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			5600.00
<p>TOTAL This Period (last page this line number only)</p>			

SCHEDULE A
ITEMIZED RECEIPTS
Contributions from Party Committees

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

PAGE 2 OF 4
 FOR LINE NUMBER
11. (b.)

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)			
WEINZAPFEL FOR CONGRESS		C00305813	
<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Becerra For Congress P O Box 411744 Los Angeles, CA 90041</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-22-96</p>	<p>500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Committee To Elect David Cosby Vanderburgh Co Clerk</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-19-96</p>	<p>50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 50.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Congressman Waxman Campaign Committee 8665 Wilshire Blvd Ste 220 Beverly Hills, CA 90211</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-28-96</p>	<p>1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>David Mosby to City Council 1513 S Boase Ave Evansville, IN 47712</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-19-96</p>	<p>25.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 675.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Eighth District Democratic Committee R R #4 Box 131 Linton, IN 47441</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-26-96</p>	<p>1000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 2000.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Eighth District Democratic Committee R R #4 Box 131 Linton, IN 47441</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-22-96</p>	<p>1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 1000.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Friends of Sherrod Brown 111 Edgefield Dr Elyria, OH 44035</p>			
<p>Name of Employer</p>		<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Occupation</p>		<p>10-28-96</p>	<p>500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify):</p>		<p>Aggregate Year-to-Date > \$ 500.00</p>	
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>4075.00</p>
<p>TOTAL This Period (last page this line number only)</p>			

SCHEDULE A
Contributions from Party Committees

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
 FOR LINE NUMBER
11 (b.)

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NAME OF COMMITTEE (In Full)
WEINZAPFEL FOR CONGRESS C00305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Knox County Democrat Central Committee P O Box 397 Vincennes, IN 47591		10-23-96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code Lawrence Co Democratic Central Comm Bedford, IN 47421		11-14-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Norbert Wooley Campaign ITF State Rep 2313 E Chandler Ave Evansville, IN 47714		10-22-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Pam Service for County Council Bloomington, IN		10-29-96	40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 90.00	
E. Full Name, Mailing Address and ZIP Code Stephen Malcher Campaign Funds Account 320 E Delaware St Evansville, IN 47711		10-19-96	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 365.00	
F. Full Name, Mailing Address and ZIP Code Warrick County Democrat Central Committee P O Box 250 Boonville, IN 47601		10-22-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) **2355.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM PARTY COMMITTEES

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

PAGE 4 OF 4
FOR LINE NUMBER 11(b.)

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NAME OF COMMITTEE (in Full) **WEINZAPFEL FOR CONGRESS** C00305813

A. Full Name, Mailing Address and ZIP Code VANDERBURGH Co. DEMOCRATS MLK BLVD. EVANSVILLE IN	Name of Employer Occupation	Date (month, day, year) 10-17-96 THRU 11-8-96	Amount of Each Receipt this Period IN KIND 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	12155.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11. (e.)

Contributions from Other Political Committees

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

G00305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Committee for a Progressive Congress 2201 Wisconsin Ave., NW, Suite 320 Washington, DC 20007		10-22-96	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above contribution earmarked through Democratic Congressional Campaign Comm 430 South Capitol Street Washington, DC 20003		10-22-96	500.00 Memo total from Conduit
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Association of Letter Carriers COLGPE 100 Indiana Ave., NW Washington, DC 20001		10-30-96	5,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$ 5,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
above contribution earmarked through Democratic Congressional Campaign Comm 430 South Capitol Street Washington, DC 20003		10-30-96	5,000.00 Memo Total From Conduit
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AFGE PAC 80 F Street, NW Washington, DC 20001		10-29-96	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$ 1,000.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
above contribution earmarked through DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM 430 South Capitol Street Washington, DC 20003		10-29-96	500.00 Memo Total From Conduit
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 215 OF
FOR LINE NUMBER 11. (c.)

Contributions from Other Political Committees

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

C00305813

<p>A. Full Name, Mailing Address and ZIP Code Allison Engine Company, PAC P O Box 420 Speed Code US4A Indianapolis, IN 46206-0420</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10-22-96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code Aluminum Brick & Glass LU 104 P O Box 247 Newburgh, IN 47629</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10-22-97</p>	<p>Amount of Each Receipt This Period 200.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 2000.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code American Federal Gov't Employees PAC 80 F Street, NW Washington, DC 20001</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10-22-96</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code Americans For Democratic Action PAC 1511 K Street, NW Suite 941 Washington, DC 20005</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10-22-96</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 500.00</p>		
<p>E. Full Name, Mailing Address and ZIP Code American Community Bankers PAC 900 19th Street, NW Suite 400 Washington, DC 20006</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10-24-96</p>	<p>Amount of Each Receipt This Period 1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 1000.00</p>		
<p>F. Full Name, Mailing Address and ZIP Code Association For The Advancement of Psychology, INC P O Box 38129 Colorado Springs, CO 80937</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 11-6-96</p>	<p>Amount of Each Receipt This Period 115.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 115.00</p>		
<p>G. Full Name, Mailing Address and ZIP Code ATLA PAC 1050 31st ST NW Washington, DC 20007</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 10-25-96</p>	<p>Amount of Each Receipt This Period 2500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$ 10,000.00</p>		

SUBTOTAL of Receipts This Page (optional)

5065.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5

FOR LINE NUMBER 11 (e)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

WEINZAPFEL FOR CONGRESS

000305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Federation of State, County and Municipal Employees 1625 L Street NW Washington, DC 20036		10-25-96	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Committee on Political Education AFL-CIO 815 16th St. NW Washington, DC 20006		10-28-96	3000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Drive Political Fund 26 Louisiana Ave, NW Washington, DC 20001		10-29-96	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Laborers Political League 905 16th St., NW Washington, DC 20006		10-25-96	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Education Association 1201 16th St., NW Washington, DC 20001-4241		10-23-96	5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 10,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Indiana Democratic Congressional Victory Committee		10-31-96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	

SUBTOTAL of Receipts This Page (optional)

22,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 5
FOR LINE NUMBER 11 (C.)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

WEINZAPFEL FOR CONGRESS

000305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bakery Confectioner & Tobacco Workers 10401 Connecticut Ave Kensington, MD 20895-3961		10-22-96	500.00
	Occupation	10-18-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
B. Full Name, Mailing Address and ZIP Code Brotherhood of Locomotive Engineers 1370 Ontario St. Cleveland, OH 44113-1702	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	11-1-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Effective Government Committee 607 14th St., NW Suite 800 Washington, DC 20005-2011	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10-17-96	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		
D. Full Name, Mailing Address and ZIP Code Graphic Communication Int'l Union 1900 L St. NW Washington, DC 20036-5002	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	11-2-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code I B E W COPE HARD 1125 15th ST., NW Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10-22-96	800.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code I B P A T PAC 1750 New York Ave NW Washington, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10-25-96	1250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1250.00		
G. Full Name, Mailing Address and ZIP Code I U E Local 808 COPE HARD 2333 Bergdolt Rd Evansville, IN 47711	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	10-23-96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		

SUBTOTAL of Receipts This Page (optional)

6650.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11. (e.)

Contributions from Other Political Committees

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

NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

C00305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kids PAC 80 Towbridge St. Cambridge, MA 02138		10-16-96	3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
B. Full Name, Mailing Address and ZIP Code National Association of Retired Federal Employees 1533 New Hampshire Ave., NW Washington, DC 20038		10-25-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3500	
C. Full Name, Mailing Address and ZIP Code National Association of Social Workers 730 1st, NE, Suite 700 Washington, DC 20002-4241		10-22-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code NRLCA PAC 1630 Duke St., 4th Floor Alexandria, VA 22314-3465		10-22-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
E. Full Name, Mailing Address and ZIP Code To Protect Our Heritage, PAC 2421 W Pratt Chicago, IL 60645		10-29-96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Union of Needletrades, Industrial, & Textile Employees 1710 Broadway New York, NY 10019		10-29-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
G. Full Name, Mailing Address and ZIP Code Victory U S A 555 Capitol Mall, Suite 1425 Sacramento, CA 95814		10-25-96	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	

SUBTOTAL of Receipts This Page (optional)

7750.00

TOTAL This Period (last page this line number only)

47465.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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

PAGE 1 OF 6
FOR LINE NUMBER 17

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)

WEINZAPFEL FOR CONGRESS

C00305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAUL KINNEY PRODUCTIONS 455 CAPITOL MALL, STE 227 SACRAMENTO, CA 95814	TV COMMERCIALS + MEDIA CONS.	10-31-96	2500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-17-96	15000.00
	<input type="checkbox"/> Other (specify)	10-22-96	18000.00
"	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-23-96	9,000.00
	<input type="checkbox"/> Other (specify)	10-28-96	5,000.00
"	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-29-96	4,000.00
	<input type="checkbox"/> Other (specify)	10-31-96	1500.00
"	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-4-96	3398.55
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code INARI INFORMATION SERVICES, INC. 804 N. COLLEGE AVE. BLOOMINGTON, IN 47404	Purpose of Disbursement FILM DESIGN	Date (month, day, year) 10-30-96	Amount of Each Disbursement This Period 1206.20
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code JEWETT PRINTING PO BOX 390 FARMERSBURG, IN 47850	Purpose of Disbursement BROCHURES	Date (month, day, year) 10-30-96	Amount of Each Disbursement This Period 2440.73
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-4-96	1956.13
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code BURKERT-WALTON, INC. PO BOX 4345 EVANSVILLE, IN 47724	Purpose of Disbursement BROCHURES + STATIONERY	Date (month, day, year) 10-30-96	Amount of Each Disbursement This Period 1209.18
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-7-96	325.50
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code TRI-STATE PRINTING CO, INC. 1424 W. FRANKLIN ST. EVANSVILLE IN 47710	Purpose of Disbursement BUMPER STICKERS	Date (month, day, year) 10-30-96	Amount of Each Disbursement This Period 645.75
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code ROYAL OFFICE SUPPLY INC PO BOX 6197 EVANSVILLE IN 47719	Purpose of Disbursement COPY PAPER	Date (month, day, year) 11-4-96	Amount of Each Disbursement This Period 243.34
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code PRODUCTION SUPPORT 2108 ADAMS AVENUE EVANSVILLE IN 47714	Purpose of Disbursement TV + RADIO TAPES	Date (month, day, year) 10-25-96	Amount of Each Disbursement This Period 1064.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-30-96	335.00
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

67834.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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

PAGE 2 OF 6
FOR LINE NUMBER 17

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)

WEINZAPFEL FOR CONGRESS

000305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JASON SIMPSON 1519 ARBORES LANE BLOOMINGTON, IN	WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-96 11-7-96	2500.00 625.00
MARIANNA WEINZAPFEL 10600 M. MT. VERNON RD. MT. VERNON, IN 47620	WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-96 11-7-96	2500.00 1250.00
HEATHER D. HARRIS 1600 N. WILKS DRIVE BLOOMINGTON IN	WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-96 11-7-96	1000.00 250.00
TAMILYN M. SHAKE 1200 ROLLING RIDGE BLOOMINGTON, IN	WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-96 11-7-96	1000.00 250.00
LISA E. PICCOLO 7808 BRIARWOOD DRIVE EVANSVILLE IN 47715	WAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-22-96 10-28-96 11-25-96	1142.86 1173.91 100.00
CITIZENS NATIONAL BANK W. FRANKLIN + 12TH AVE EVANSVILLE IN 47712	FICA EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-28-96 11-7-96 11-25-96	712.47 181.68 7.65
DIAMOND TEEZ 1413 N. HEIDELBACH AVE EVANSVILLE IN 47711	T-SHIRTS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-96	666.75
DOUG SCOFIELD 639 F ST. NE WASHINGTON, DC 20002	AIR PLANE FARES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-96	1290.00
PRINCETON PUBLISHING PRINCETON, IN	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-96	361.31

SUBTOTAL of Disbursements This Page (optional)

15011.63

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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

PAGE 3 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

CD0305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. POSTMASTER EVANSVILLE, IN	POSTAGE	10-24-96	572.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-31-96	4.68
	Other (specify)	10-22-96	29.00
"	POSTAGE	10-22-96	11.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-22-96	113.38
	Other (specify)	10-30-96	260.97
"	POSTAGE	10-31-96	120.78
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-6-96	21.75
	Other (specify)	11-7-96	150.00
"	POSTAGE	11-18-96	820.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-25-96	19.20
	Other (specify)		
U.S. POSTMASTER BLOOMINGTON, IN	POSTAGE	11-11-96	1938.07
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10-24-96	3013.10
	Other (specify)	10-31-96	2039.40
MINOR CO. DEMOCRATS PO Box 92 BLOOMINGTON IN 47402	RENT	10-30-96	1025.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		
"	COPYING	10-30-96	134.12
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-15-96	127.62
	Other (specify)		
"	TELEPHONE	10-30-96	724.86
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11-15-96	1125.60
	Other (specify)		
"	OFFICE SUP.	10-30-96	43.95
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

11814.48

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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

PAGE 4 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS

000305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LINTON DAILY CITIZENS LINTON IN	ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-96	234.30
B. Full Name, Mailing Address and ZIP Code AMERITECH PO Box 8099 HAMMOND IN 46325-0099	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-96 11-6-96	478.10 225.04
C. Full Name, Mailing Address and ZIP Code "	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-6-96 11-25-96	205.10 132.43
D. Full Name, Mailing Address and ZIP Code ATT PO BOX 27-866 KANSAS CITY MO	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-14-96 11-14-96	923.54 85.25
E. Full Name, Mailing Address and ZIP Code U.S. CELLULAR PO Box 1135 EVANSVILLE IN 47706	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-96 11-11-96	448.07 395.28
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code MCLEAN BACHART-CLARK 517 SECOND ST. NE WASHINGTON D.C. 20002	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-30-96 11-15-96	108.41 117.79
H. Full Name, Mailing Address and ZIP Code NATIONAL DEMOCRAT CLUB WASHINGTON DC	BANQUET Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-19-96	670.87
I. Full Name, Mailing Address and ZIP Code BOB SERVICE 419 N. WASHINGTON ST. BLOOMINGTON, IN	AIRLINE TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-11-96	507.00

SUBTOTAL of Disbursements This Page (optional)

5531.18

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6
FOR LINE NUMBER 17

OPERATING EXPENDITURES

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS C00305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
JONATHAN WEINZAPFEL 10600 M. MT. VERNON RD MT. VERNON IN 47620	MILEAGE + TRAVEL	11-15-96	1160.33
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1160.33

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

OPERATING EXPENDITURES

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

PAGE 6 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

WEINZAPFEL FOR CONGRESS C00305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
VANDERBURGH Co. DEMOCRATS	RENTAL OF OFFICE SPACE COPIER + FAX	10-17-96 THRU 11-9-96	IN KIND 125.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

125.00

TOTAL This Period (last page this line number only)

101467.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other Than Political Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 20 (a)

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NAME OF COMMITTEE (in Full) WEINZAPFEL FOR CONGRESS CO0305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Mary F. Robbins 407 Lafayette Avenue Oolitic, IN 47451		11-12-76	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 200

REFUNDS OF CONTRIBUTIONS - OTHER POL. COM

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NAME OF COMMITTEE (in Full)

WEINZAPFEL FOR CONGRESS C00305813

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement REFUND - PRIMARY DEBT OVERPAYMENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE IN POLITICAL EDUCATION 815 16TH ST. NW WASHINGTON DC 20006		10-30-96	2072.44
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2072.44

TOTAL This Period (last page this line number only)

2072.44

SCHEDULE A

ITEMIZED RECEIPTS

EXEMPT LEGAL & ACCOUNTING SERVICES

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

PAGE 1 OF 1

FOR LINE NUMBER

N/A

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

NAME OF COMMITTEE (in Full)

WEINZAPPEL FOR CONGRESS C00305813

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSELLE R. WEINZAPPEL 2003 W. FRANKLIN ST. EVANSVILLE IN 47712	SELF-EMPLOYED	10-14-96 THRU 11-25-96	809.60 MEMO
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$ 3396.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) _____

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

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

12-3-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMV
PREPARER

12-6-96
DATE PREPARED