

CERTIFIED MAIL

OCT 22 1990

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
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OCT 26 AM 11:15

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

McCloskey For Congress Committee

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 70

IN-8

CITY, STATE and ZIP CODE

STATE/DISTRICT

Bloomington, IN 47402

2. FEC IDENTIFICATION NUMBER

100188

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ 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)

☐ Termination Report

This report contains  
activity for

☐ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10-01-90 through 10-17-90		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	26064.98	282206.03
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	25564.98	281706.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27849.36	253405.62
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	1250.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	27849.36	252155.62
8. Cash on Hand at Close of Reporting Period (from Line 27)	81235.73	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
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)	18654.37	

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

Katherine Startin

Signature of Treasurer

*Katherine Startin*

Date

10-22-90

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

FEC FORM 3

(revised 4/87)

# DETAILED SUMMARY PAGE

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

Name of Committee (in full)  
McCloskey For Congress Committee #100188

Report Covering the Period:

From: 10-01-90 To: 10-17-90

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				11(a)(i)
(i) Itemized (use Schedule A) . . . . .		6225.00		11(a)(ii)
(ii) Unitemized . . . . .		5789.98		11(a)(iii)
(iii) Total of contributions from individuals . . . . .		12014.98	71260.71	11(b)
(b) Political Party Committees . . . . .		0.00	2117.00	11(c)
(c) Other Political Committees (such as PACs) . . . . .		14050.00	203260.00	11(d)
(d) The Candidate . . . . .		0.00	0.00	11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		26064.98	276637.71	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES. . . . .		0.00	0.00	12
13. LOANS:				
(a) Made or Guaranteed by the Candidate . . . . .		0.00	0.00	13(a)
(b) All Other Loans . . . . .		0.00	0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b)) . . . . .		0.00	0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) . . . . .		0.00	1250.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.) . . . . .		0.00	4318.32	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) . . . . .		26064.98	282206.03	16
II. DISBURSEMENTS				
17. OPERATING EXPENDITURES . . . . .		27849.36	253405.62	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES. . . . .		0.00	0.00	18
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate . . . . .		0.00	0.00	19(a)
(b) Of All Other Loans . . . . .		0.00	0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) . . . . .		0.00	0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees . . . . .		500.00	500.00	20(a)
(b) Political Party Committees . . . . .		0.00	0.00	20(b)
(c) Other Political Committees (such as PACs) . . . . .		0.00	0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) . . . . .		500.00	500.00	20(d)
21. OTHER DISBURSEMENTS . . . . .		1000.00	4780.30	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21). . . . .		29349.36	258685.92	22

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD . . . . .	\$	84520.11	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) . . . . .	\$	26064.98	24
25. SUBTOTAL (add Line 23 and Line 24) . . . . .	\$	110585.09	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22). . . . .	\$	29349.36	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25). . . . .	\$	81235.73	27

3  
8  
3  
0  
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1  
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9

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE	OF
1	3
FOR LINE NUMBER	
11 (a) (i)	

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)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> John & Anna McCall R.R. 1 Box 120 Plainville, IN 47568 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-employed <b>Occupation</b> Farmer Aggregate Year-to-Date > \$ 225.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Tobiatha Eagleson 1009 W. 11th Street Bloomington, IN 47401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Retired <b>Occupation</b> Aggregate Year-to-Date > \$225.00	<b>Date (month, day, year)</b> 10-10-90	<b>Amount of Each Receipt this Period</b> 100.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Dr. Frank & Becky Hrisomalos 1403 E. Atwater Bloomington, IN 47401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-employed/ Bloomington Hospital <b>Occupation</b> Director Physician/Social Serv. Aggregate Year-to-Date > \$ 1000.00	<b>Date (month, day, year)</b> 10-06-90	<b>Amount of Each Receipt this Period</b> 1000.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Katina Hrisomalos 228 S. Hillsdale Bloomington, IN 47401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Retired <b>Occupation</b> Aggregate Year-to-Date > \$500.00	<b>Date (month, day, year)</b> 10-06-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Andrew Steffen R.R. 2 Box 308 Monrovia, IN 46157 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-employed <b>Occupation</b> Attorney Aggregate Year-to-Date > \$325.00	<b>Date (month, day, year)</b> 10-10-90	<b>Amount of Each Receipt this Period</b> 125.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Dennis & Patty Dewey 18 Old Orchard Road Darby Hills Newburgh, IN 47630 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-employed <b>Occupation</b> Attorney Aggregate Year-to-Date > \$232.00	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Joe & Gladys Traylor Box 68 Montgomery, IN 47558 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self-employed <b>Occupation</b> Farmer Aggregate Year-to-Date > \$ 225.00	<b>Date (month, day, year)</b> 10-15-90	<b>Amount of Each Receipt this Period</b> 100.00

SUBTOTAL of Receipts This Page (optional)

2025.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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

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**NAME OF COMMITTEE (in Full)**

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> James Burch R.R. 4 Loogootee, IN 47553  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Midwest Engineers  <b>Occupation</b> Engineer  <b>Aggregate Year-to-Date</b> > \$ 300.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and ZIP Code</b> James Muldoon 2000 P Street NW Washington, D.C. 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Metcor  <b>Occupation</b> Corporate Executive  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Valerie Hill 1565 Colonial Terrace, No.204 Arlington, VA 22209  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Metcor  <b>Occupation</b> Administrative Assistant  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Linda J. Kessler 1855 Calvert Street NW, No.400 Washington, D.C. 20009  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Metcor  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Lorraine & Robert Galloway 2000 P Street NW, Suite 505 Washington, D.C. 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Metcor  <b>Occupation</b> Consultant  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 1000.00
<b>F. Full Name, Mailing Address and ZIP Code</b> James & Wilma White 1634 E. Smithville Road Bloomington, IN 47401  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> *Best Effort: We request this information with every fundraising effort.  <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 225.00	<b>Date (month, day, year)</b> 10-15-90	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> Bertha Pfautch 3416 Alabama Avenue Alexandria, VA 22305  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Homemaker  <b>Occupation</b>   <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 1000.00

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

3700.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 3 OF 3  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (in Full)**

McCloskey For Congress Committee, P.O. Box 70, Bloomington, TN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> Scott Blake Harris 3409 Fulton Street NW Washington, D.C. 20007	<b>Name of Employer</b> Metcor  <b>Occupation</b> Consultant	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b>  	<b>Name of Employer</b>  <b>Occupation</b>  	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>  	<b>Name of Employer</b>  <b>Occupation</b>  	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>  	<b>Name of Employer</b>  <b>Occupation</b>  	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>  	<b>Name of Employer</b>  <b>Occupation</b>  	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>  	<b>Name of Employer</b>  <b>Occupation</b>  	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>  	<b>Name of Employer</b>  <b>Occupation</b>  	<b>Date (month, day, year)</b>  	<b>Amount of Each Receipt this Period</b>  
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$		

**SUBTOTAL** of Receipts This Page (optional) ..... 500.00

**TOTAL** This Period (last page this line number only) ..... 6225.00

90014160183

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE OF  
1 3  
FOR LINE NUMBER  
11 (c)

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## NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> GTE Good Government Club 1850 M Street NW, #1200 Washington, D.C. 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Fred Koch, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-15-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Laborers' Political League 905 16th Street NW Washington, D.C. 20006  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Arthur Coia, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 4200.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 1000.00
<b>C. Full Name, Mailing Address and ZIP Code</b> NRLCA PAC 1448 Duke Street, Suite 100 Alexandria, VA 22314  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Dallas Fields, President  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Alcoa Employees Political Fund 1501 Alcoa Building Pittsburgh, PA 15219  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> D.R. Manfred, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 2000.00	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Receipt this Period</b> 1000.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Graphic Communications Int'l Union Political Action Committee 1900 L Street NW Washington, D.C. 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Michael McNally, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> United Technologies PAC 1825 Eye Street NW, Suite 700 Washington, D.C. 20006  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Donald Groce, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 1600.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and ZIP Code</b> INBELLPAC 240 North Meridian Street Indianapolis, IN 46204  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> R.A. Brentlinger, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 750.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 750.00

SUBTOTAL of Receipts This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 2 OF 3  
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> Coal Miners PAC 900 15th Street NW Washington, D.C. 20005  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> John Banovic, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 5700.00	<b>Date (month, day, year)</b> 10-15-90	<b>Amount of Each Receipt this Period</b> 1000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Engineers Political Education Committee 1125 Seventeenth Street NW Washington, D.C. 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Frank Hanley, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 2500.00	<b>Date (month, day, year)</b> 10-10-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Carpenters' Legislative Improvement Committee 101 Constitution Avenue Washington, D.C. 20001  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Wayne Pierce, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 6000.00	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> OLBANK PAC 420 Main Street Evansville, IN 47708  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Kevin Heldman, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-15-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Hawn Sugar PAC 1511 K Street NW Washington, D.C. 20005  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Helen Berg, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> General Motors Civic Involvement Program 1660 L Street NW Washington, D.C. 20036  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Robert O'Connell, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 200.00	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 200.00
<b>G. Full Name, Mailing Address and ZIP Code</b> AFL-CIO COPE 815 16th Street NW Washington, D.C. 20006  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Thomas Donahue, Treasurer  <b>Occupation</b>  <b>Aggregate Year-to-Date</b> > \$ 4500.00	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Receipt this Period</b> 1500.00

SUBTOTAL of Receipts This Page (optional)

4700.00

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 3  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> Textron PAC 1090 Vermont Avenue NW, Suite 110 Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Gary Atwell, Treasurer <b>Occupation</b>	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00 <b>Aggregate Year-to-Date</b> > \$ 1000.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Unisys Employees PAC 2001 L Street NW, Suite 1000 Washington, D.C. 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> John Autry, Treasurer <b>Occupation</b>	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00 <b>Aggregate Year-to-Date</b> > \$ 800.00
<b>C. Full Name, Mailing Address and ZIP Code</b> Joint Action Committee For Political Affairs P.O. Box 105 Highland Park, IL 60035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Marcia Balonick, Treasurer <b>Occupation</b>	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Receipt this Period</b> 500.00 <b>Aggregate Year-to-Date</b> > \$ 1500.00
<b>D. Full Name, Mailing Address and ZIP Code</b> ElectroCom Automation PAC P.O. Box 95080 Arlington, TX 76005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Leland Sparks, Treasurer <b>Occupation</b>	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 500.00 <b>Aggregate Year-to-Date</b> > \$ 500.00
<b>E. Full Name, Mailing Address and ZIP Code</b> CONTEL PAC 555 13th Street NW Washington, D.C. 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Pamela Powers, Treasurer <b>Occupation</b>	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Receipt this Period</b> 2500.00 <b>Aggregate Year-to-Date</b> > \$ 2500.00
<b>F. Full Name, Mailing Address and ZIP Code</b> Systemhouse Inc. 1010 N. Glebe Road Arlington, VA 22210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> **Refunded--see Schedule B, 1 of 1, Line 20(a) <b>Occupation</b>	<b>Date (month, day, year)</b> 10-15-90	<b>Amount of Each Receipt this Period</b> 500.00 **Refunded 10-15-90 <b>Aggregate Year-to-Date</b> > \$
<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>  <b>Aggregate Year-to-Date</b> > \$

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

**TOTAL** This Period (last page this line number only) ..... 14050.00

9021416038



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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

 PAGE 1 OF 3  
FOR LINE NUMBER 17

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## NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express Suite 0001 Chicago, IL 60679-0001	Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-05-90	187.75
B. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 85950 Louisville, KY 40285	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-90 10-08-90	47.52 645.91
C. Full Name, Mailing Address and ZIP Code Axelrod & Associates 730 N. Franklin, Suite 404 Chicago, IL 60610	Media Buy & Production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-04-90 10-11-90	8145.25 9942.55
D. Full Name, Mailing Address and ZIP Code Burkert Walton, Inc. 601 W. Eichel Avenue Evansville, IN 47710	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-90	145.00
E. Full Name, Mailing Address and ZIP Code Citizens Realty P.O. Box 99 Evansville, IN 47701	Headquarters' Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-90	300.00
F. Full Name, Mailing Address and ZIP Code Ellis Floral 304 E. Kirkwood Avenue Bloomington, IN 47401	Tent Rental Fundraiser Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-06-90	212.10
G. Full Name, Mailing Address and ZIP Code Guttermuth & Denny Inc. 1907 Bardstown Road Louisville, KY 40205	Signs Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-90	830.80
H. Full Name, Mailing Address and ZIP Code House Restaurant Administration B361 Rayburn Washington, D.C. 20515	Food Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-90	75.15
I. Full Name, Mailing Address and ZIP Code Indiana Bell Telephone 220 N. Meridian Indianapolis, IN 46204	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-08-90	450.33

SUBTOTAL of Disbursements This Page (optional) .....

20982.36

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 2 OF 3  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> John Blair Photo 1019 Bellemeade Avenue Evansville, IN 47714	<b>Purpose of Disbursement</b> Photography Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 585.75
<b>B. Full Name, Mailing Address and ZIP Code</b> Katherine Startin Route 2 Box 141 Velpen, IN 47590	<b>Purpose of Disbursement</b> Travel Expenses- Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-01-90 10-15-90	<b>Amount of Each Disbursement This Period</b> 735.98 405.67
<b>C. Full Name, Mailing Address and ZIP Code</b> Katherine Startin R.R. 2 Box 141 Velpen, IN 47590	<b>Purpose of Disbursement</b> Phone Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-01-90	<b>Amount of Each Disbursement This Period</b> 159.11
<b>D. Full Name, Mailing Address and ZIP Code</b> Killion Office Products P.O. Box 482 Washington, IN 47501	<b>Purpose of Disbursement</b> Copier Rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 200.00
<b>E. Full Name, Mailing Address and ZIP Code</b> Kroger Grocery Jackson Creek Shopping Center Bloomington, IN 47401	<b>Purpose of Disbursement</b> Food- Fundraiser Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-05-90	<b>Amount of Each Disbursement This Period</b> 175.83
<b>F. Full Name, Mailing Address and ZIP Code</b> Master Rental 2002 W. 3rd Street Bloomington, IN 47403	<b>Purpose of Disbursement</b> Fundraiser Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-01-90 10-06-90 10-08-90	<b>Amount of Each Disbursement This Period</b> 212.16 94.03 33.65
<b>G. Full Name, Mailing Address and ZIP Code</b> Melinda Plaisier 3617 Post Road Bloomington, IN 47408	<b>Purpose of Disbursement</b> Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-06-90	<b>Amount of Each Disbursement This Period</b> 364.18
<b>H. Full Name, Mailing Address and ZIP Code</b> Melinda Plaisier 3617 Post Road Bloomington, IN 47408	<b>Purpose of Disbursement</b> Phone Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-06-90	<b>Amount of Each Disbursement This Period</b> 20.45
<b>I. Full Name, Mailing Address and ZIP Code</b> Office Depot 1380 N. Green River Road Evansville, IN 47715	<b>Purpose of Disbursement</b> Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 100.37

**SUBTOTAL** of Disbursements This Page (optional) .....

3087.18

**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 3 OF 3  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> R.J. Phelps & Hilliard P.O. Box 1311 Bloomington, IN 47402	<b>Purpose of Disbursement</b> Headquarters' Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Disbursement This Period</b> 275.00
<b>B. Full Name, Mailing Address and ZIP Code</b> R.J. Phelps & Hilliard P.O. Box 1311 Bloomington, IN 47402	<b>Purpose of Disbursement</b> Headquarters' Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 206.09
<b>C. Full Name, Mailing Address and ZIP Code</b> Ricki Jo Hoffman 1056 Madison Evansville, IN 47713	<b>Purpose of Disbursement</b> Rent & Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-09-90	<b>Amount of Each Disbursement This Period</b> 230.00
<b>D. Full Name, Mailing Address and ZIP Code</b> Riverhouse Hotel 20 Walnut Street Evansville, IN 47708	<b>Purpose of Disbursement</b> Reception Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 1103.71
<b>E. Full Name, Mailing Address and ZIP Code</b> Rob Deppert 1354 College Mall Road Bloomington, IN 47401	<b>Purpose of Disbursement</b> Travel Expense Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-04-90	<b>Amount of Each Disbursement This Period</b> 69.82
<b>F. Full Name, Mailing Address and ZIP Code</b> Southern IN Gas & Electric Co. 20 N.W. 4th Street Evansville, IN 47741	<b>Purpose of Disbursement</b> Headquarters' Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 210.99
<b>G. Full Name, Mailing Address and ZIP Code</b> Target College Mall Bloomington, IN 47401	<b>Purpose of Disbursement</b> Fundraiser Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-05-90	<b>Amount of Each Disbursement This Period</b> 37.74
<b>H. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster Bloomington, IN 47401	<b>Purpose of Disbursement</b> Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-04-90 10-08-90 10-11-90	<b>Amount of Each Disbursement This Period</b> 8.75 108.75 8.75
<b>I. Full Name, Mailing Address and ZIP Code</b> U.S. Postmaster Bloomington, IN 47401	<b>Purpose of Disbursement</b> Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-15-90 10-15-90	<b>Amount of Each Disbursement This Period</b> 500.00 5.60

**SUBTOTAL** of Disbursements This Page (optional) ..... 2765.20

**TOTAL** This Period (last page this line number only) ..... 26834.74

00714160392

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 1 OF 1  
FOR LINE NUMBER  
20 (a)

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## NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refunded contribution in full	Date (month, day, year)	Amount of Each Disbursement This Period
Systemhouse Inc. 1010 N. Glebe Road Arlington, VA 22210	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-90	500.00
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) .....

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

500.00

90714160393

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<b>A. Full Name, Mailing Address and ZIP Code</b> Democratic State Committee Federal Account 634 Asylum Avenue Hartford, CT 06105	<b>Purpose of Disbursement</b> Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 500.00
<b>B. Full Name, Mailing Address and ZIP Code</b> Keep George Brown in Congress P.O. Box 1421 Riverside, CA 92502	<b>Purpose of Disbursement</b> Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b> 10-08-90	<b>Amount of Each Disbursement This Period</b> 500.00
<b>C. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>H. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b>  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

SUBTOTAL of Disbursements This Page (optional) .....

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

1000.00

0001416039

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 1 of 1 for  
LINE NUMBER 10  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) #100188 McCloskey For Congress Committee P.O. Box 70, Bloomington, IN 47402	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Don Sattler 1107 S. Weimer Road Bloomington, IN 47408	7057.05	0.00	0.00	7057.05
Nature of Debt (Purpose): Salary				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Katherine Startin R.R. 2 Box 141 Velpen, IN 47590	2438.77	0.00	0.00	2438.77
Nature of Debt (Purpose): Salary				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Axelrod & Associates 730 N. Franklin Chicago, IL 60610	9158.55	0.00	0.00	9158.55
Nature of Debt (Purpose): Consulting Fee				
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) TOTAL This Period (last page this line only) . . . . .				18654.37
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) . . . . .				18654.37

9071416009