

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

JULIA CARSON FOR CONGRESS COMMITTEE

ADDRESS (number and street)

1 NORTH CAPITOL STREET #211

Check if different than previously reported. (ACC)

INDIANAPOLIS

IN

46204

2. **FEC IDENTIFICATION NUMBER**

C00311969

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW OR AMENDED

IN 07

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period 04 01 2005 through 06 30 2005

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 John F. White

Signature of Treasurer Electronically Filed by John F. White Date 07 12 2005

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

Office Use Only

FEC FORM 3
(Revised 02/2005)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

JULIA CARSON FOR CONGRESS COMMITTEE

Report Covering the Period: From: ^M 0 ^M 4 ^D 0 ^D 1 ^Y 2 ^Y 0 ^Y 0 ^Y 5 To: ^Y 0 ^M 6 ^D 3 ^D 0 ^Y 2 ^Y 0 ^Y 0 ^Y 5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	13842.00	15157.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13842.00	14657.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	14144.45	76387.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	56.00	461.45
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	14088.45	75926.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	260395.43	
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).....	6268.53	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2005)

Page 3

Write or Type Committee Name
 JULIA CARSON FOR CONGRESS COMMITTEE

Report Covering the Period: From: ^{M M} 0 4 ^{Y Y Y Y} 0 1 2 0 0 5 To: ^{Y M} 0 6 ^{Y F} 3 0 ^{Y Y Y Y} 2 0 0 5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6250.00	6550.00
(ii) Unitemized.....	1392.00	2407.00
(iii) TOTAL of contributions from Individuals..... ▶	7642.00	8957.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	6200.00	6200.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	13842.00	15157.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	56.00	461.45
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13898.00	15618.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14144.45	76387.77
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS.....	2750.00	5860.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	16894.45	82747.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	263391.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	13898.00
25. SUBTOTAL (add Line 23 and Line 24).....	277289.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16894.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	260395.43

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate JULIA CARSON		Candidate ID Number H6IN10141
Name of Principal Campaign Committee JULIA CARSON FOR CONGRESS COMMITTEE		Committee ID Number C C00311989
Committee Address 1 NORTH CAPITOL STREET #211		
City INDIANAPOLIS	State IN	ZIP 46204
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	15618.45	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	15618.45	0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

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

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)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jefferson W. Braugher		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 298D N. Meridian Street		Transaction ID: SA11A1.4286
City Indianapolis	State IN	Zip Code 46208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer International Medical Group	Occupation Chairman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Lena C. Hackel		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 752D Perrier Drive		Transaction ID: SA11A1.4321
City Indianapolis	State IN	Zip Code 46278
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gerald A. Kosane		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 4495 Saguaro Trail		Transaction ID: SA11A1.4284
City Indianapolis	State IN	Zip Code 46268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Developer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. William G. Meys		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 9644 Nautilus Circle		Transaction ID: SA11A1.4276
City Indianapolis	State IN	Zip Code 46256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Meys Chemical	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Samuel L. Ode		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 240 E. 70th Street		Transaction ID: SA11A1.4295
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Methodist Hospital	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David Orantleher		Date of Receipt M / D / Y 06 / 22 / 2005
Mailing Address 5200 Grandview Drive		Transaction ID: SA11A1.4323
City Indianapolis	State IN	Zip Code 46208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Indiana University	Occupation Professor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. James A. Schelinger		Date of Receipt M / D / Y 06 / 23 / 2005
Mailing Address 5802 N. Broadway		Transaction ID: SA11A1.4325
City Indianapolis	State IN	Zip Code 46220
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CSO Architects Engineers Interiors. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Architect Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) B. Jeffrey H. Smulyan		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 5101 Green Braes E., Dr.		Transaction ID: SA11A1.4274
City Indianapolis	State IN	Zip Code 46224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emmis Broadcasting Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation CEO Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

Full Name (Last, First, Middle Initial) C. Ann M. Staek		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 4131 N. Meridian Street		Transaction ID: SA11A1.4319
City Indianapolis	State IN	Zip Code 46208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jr. James H. Voyles		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address One Virginia Ave., #700		Transaction ID: SA11A1.4282
City Indianapolis	State IN	Zip Code 46204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jeanne P. Willes		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 2085 Oldfields Circle South Drive		Transaction ID: SA11A1.4309
City Indianapolis	State IN	Zip Code 46228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-employed	Occupation Consultant	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. James A. Wurster		Date of Receipt M / D / Y 06 / 14 / 2005
Mailing Address 8197 Clearwater Pointe		Transaction ID: SA11A1.4307
City Indianapolis	State IN	Zip Code 46240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Attorney	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	6250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. AFL-CIO COPE		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 815 18th Street, NW		Transaction ID: SA11C.4333
City	State	Zip Code
Washington	DC	20006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. AFSCME- P.E.O.P.L.E.		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 1625 L Street, NW.		Transaction ID: SA11C.4331
City	State	Zip Code
Washington	DC	20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Carpenters' Legislative Improvement Cmte.		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 101 Constitution Ave., NW		Transaction ID: SA11C.4335
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Committee to Elect Rudy Clay		Date of Receipt M / D / Y 06 / 22 / 2005
Mailing Address 2293 N. Main Street		Transaction ID: SA11C.4337
City	State	Zip Code
Crown Point	IN	46307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Great Lakes Sugarbeet Growers PAC		Date of Receipt M / D / Y 05 / 01 / 2005
Mailing Address 4900 Fashion Square Blvd. #300		Transaction ID: SA11C.4343
City	State	Zip Code
Saginaw	MI	48604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Talley for Council		Date of Receipt M / D / Y 06 / 23 / 2005
Mailing Address 5444 E. 40th St.		Transaction ID: SA11C.4341
City	State	Zip Code
Indianapolis	IN	46228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)
 JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Transport Workers Union PCC		Date of Receipt M / D / Y 06 / 22 / 2005
Mailing Address 80 West End Avenue		Transaction ID: SA11C.4339
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	6200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Advance Printing

Mailing Address P.O. Box 1377

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4384

Date of Disbursement

05 / 25 / 2005

Amount of Each Disbursement this Period

344.50

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

Full Name (Last, First, Middle Initial)

B. Cingular

Mailing Address 5565 Glenridge Connector

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4370

Date of Disbursement

04 / 27 / 2005

Amount of Each Disbursement this Period

97.84

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

Full Name (Last, First, Middle Initial)

C. Cingular

Mailing Address 5565 Glenridge Connector

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4385

Date of Disbursement

05 / 25 / 2005

Amount of Each Disbursement this Period

102.77

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

SUBTOTAL of Disbursements This Page (optional) ▶

545.11

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 14 / 25

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

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NAME OF COMMITTEE (In Full)
 JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Cingular

Mailing Address 5565 Glenridge Connector

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB17.4347
 Date of Disbursement
 06 / 15 / 2005

Amount of Each Disbursement this Period
 97.84

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

B. Full Name (Last, First, Middle Initial)
 Indiana Democratic Party

Mailing Address 1060 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
 Pre-paid Salary Exp.-M. Lear

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB17.4372
 Date of Disbursement
 04 / 27 / 2005

Amount of Each Disbursement this Period
 2981.08

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

C. Full Name (Last, First, Middle Initial)
 Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement
 Salary

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB17.4372.0
 Date of Disbursement
 04 / 27 / 2005

Amount of Each Disbursement this Period
 2981.08

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **3078.92**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Pre-paid Employee Health Insurance

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4373
Date of Disbursement
04 / 27 / 2005

Amount of Each Disbursement this Period
367.03

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

Full Name (Last, First, Middle Initial)
B. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4374
Date of Disbursement
04 / 27 / 2005

Amount of Each Disbursement this Period
4.71

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

Full Name (Last, First, Middle Initial)
C. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Pre-paid Salary Exp.-M. Lear

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4387
Date of Disbursement
05 / 26 / 2005

Amount of Each Disbursement this Period
2981.08

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3352.82**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4387.0
Date of Disbursement
05 / 26 / 2005

Amount of Each Disbursement this Period
2981.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Indiana Democratic Party

Mailing Address 1099 N. Meridian St. #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Pre-paid Employee Health Insurance

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4388
Date of Disbursement
05 / 26 / 2005

Amount of Each Disbursement this Period
367.06

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

Full Name (Last, First, Middle Initial)
C. Indiana Democratic Party

Mailing Address 1099 N. Meridian St. #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Photocopies

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4389
Date of Disbursement
05 / 26 / 2005

Amount of Each Disbursement this Period
2.16

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

SUBTOTAL of Disbursements This Page (optional) ▶ **369.22**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Pre-paid Salary Exp.-M. Lear

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4356
Date of Disbursement
06 / 22 / 2005

Amount of Each Disbursement this Period
2981.08

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

Full Name (Last, First, Middle Initial)
B. Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4356.0
Date of Disbursement
06 / 22 / 2005

Amount of Each Disbursement this Period
2981.08

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Pre-paid Employee Health Insurance

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4357
Date of Disbursement
06 / 22 / 2005

Amount of Each Disbursement this Period
367.08

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

SUBTOTAL of Disbursements This Page (optional) ▶ **3348.14**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Payroll Administration

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4358
Date of Disbursement
06 / 22 / 2005

Amount of Each Disbursement this Period
17.01

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

Full Name (Last, First, Middle Initial)
B. Ipayment

Mailing Address 26707 W. Agoura Road

City Calabasas State CA Zip Code 01302

Purpose of Disbursement
Merchant Account Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4381
Date of Disbursement
04 / 04 / 2005

Amount of Each Disbursement this Period
35.00

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

Full Name (Last, First, Middle Initial)
C. Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement
Travel & Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4388
Date of Disbursement
04 / 08 / 2005

Amount of Each Disbursement this Period
189.04

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

SUBTOTAL of Disbursements This Page (optional) 221.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4375
Date of Disbursement
05 / 11 / 2005

Amount of Each Disbursement this Period
8.40

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

B. Full Name (Last, First, Middle Initial)
Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement
Office Supplies & Postage

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4386
Date of Disbursement
05 / 25 / 2005

Amount of Each Disbursement this Period
170.96

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

C. Full Name (Last, First, Middle Initial)
Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4391
Date of Disbursement
06 / 01 / 2005

Amount of Each Disbursement this Period
378.78

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

SUBTOTAL of Disbursements This Page (optional) ▶ 559.15

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 20 / 25

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

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NAME OF COMMITTEE (In Full)
 JULIA CARSON FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Lear, Melissa

Mailing Address 728 N. East Street #15

City Indianapolis State IN Zip Code 46202

Purpose of Disbursement
 Travel and Office Expenses

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB17.4353
 Date of Disbursement
 06 / 22 / 2005

Amount of Each Disbursement this Period
 149.72

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

B. Full Name (Last, First, Middle Initial)
 McLeod USA

Mailing Address 888 Keystone Crossing #600

City Indianapolis State IN Zip Code 46240

Purpose of Disbursement
 Telephone

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB17.4389
 Date of Disbursement
 04 / 01 / 2005

Amount of Each Disbursement this Period
 218.21

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

C. Full Name (Last, First, Middle Initial)
 Paychex

Mailing Address 8393 Delegates Row

City Indianapolis State IN Zip Code 46240

Purpose of Disbursement
 Payroll Service

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: SB17.4382
 Date of Disbursement
 04 / 11 / 2005

Amount of Each Disbursement this Period
 82.80

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

SUBTOTAL of Disbursements This Page (optional) ▶ **424.53**

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Paychex

Mailing Address 9393 Delegates Row

City Indianapolis State IN Zip Code 46240

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4383
Date of Disbursement
04 / 29 / 2005

Amount of Each Disbursement this Period
4.50

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

Full Name (Last, First, Middle Initial)
B. Paychex

Mailing Address 9393 Delegates Row

City Indianapolis State IN Zip Code 46240

Purpose of Disbursement
Payroll Service

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4355
Date of Disbursement
05 / 10 / 2005

Amount of Each Disbursement this Period
7.50

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

Full Name (Last, First, Middle Initial)
C. SBC

Mailing Address N17 W24300 Riverwood Dr.

City Waukesha State WI Zip Code 53188

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: SB17.4371
Date of Disbursement
04 / 27 / 2005

Amount of Each Disbursement this Period
146.89

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

SUBTOTAL of Disbursements This Page (optional) ▶ **158.89**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. SBC

Mailing Address N17 W24300 Riverwood Dr.

City Waukesha State WI Zip Code 53188

Purpose of Disbursement
Telephone

Candidate Name

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

State: District

Category/
Type

Transaction ID: SB17.4359

Date of Disbursement

05 / 26 / 2005

Amount of Each Disbursement this Period

138.31

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

Full Name (Last, First, Middle Initial)

B. SBC

Mailing Address N17 W24300 Riverwood Dr.

City Waukesha State WI Zip Code 53188

Purpose of Disbursement
Telephone

Candidate Name

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

State: District

Category/
Type

Transaction ID: SB17.4352

Date of Disbursement

06 / 22 / 2005

Amount of Each Disbursement this Period

56.64

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

Full Name (Last, First, Middle Initial)

C. Sprint

Mailing Address Box 740219

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement
Telephone

Candidate Name

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

State: District

Category/
Type

Transaction ID: SB17.4379

Date of Disbursement

05 / 17 / 2005

Amount of Each Disbursement this Period

690.18

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

SUBTOTAL of Disbursements This Page (optional) ▶

885.13

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sprint

Mailing Address Box 740219

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB17.4392

Date of Disbursement

06 / 06 / 2005

Amount of Each Disbursement this Period

694.85

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

Full Name (Last, First, Middle Initial)

B. Wallace, Michael

Mailing Address 1305 T St., NW

City Washington State DC Zip Code 20008

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB17.4394

Date of Disbursement

06 / 15 / 2005

Amount of Each Disbursement this Period

243.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

937.85

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

13880.81

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

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

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NAME OF COMMITTEE (In Full)
JULIA CARSON FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. COMMITTEE TO BRING BACK BARON

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement
Contribution

Candidate Name
BARON P HILL

Office Sought: House
Senate
President

State: IN District: D9

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.4349

Date of Disbursement

06 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Indiana Democratic Party

Mailing Address 1099 N. Meridian St., #915

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.4378

Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

750.00

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

Full Name (Last, First, Middle Initial)

C. LAMPSON FOR CONGRESS

Mailing Address P.O. Box 58606

City Houston State TX Zip Code 77258

Purpose of Disbursement
Contribution

Candidate Name
NICOLAS LAMPSON

Office Sought: House
Senate
President

State: TX District: 22

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.4351

Date of Disbursement

06 / 22 / 2005

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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

2750.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

JULIA CARSON FOR CONGRESS COMMITTEE

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

PAGE 25 / 25

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MacWilliams Robinson

Nature of Debt (Purpose):
Media

Mailing Address 1660 L Street NW

City State ZIP Code
Washington DC 20005

Outstanding Balance Beginning This Period

Transaction ID: SD10.4191

6268.53

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

6268.53

1) SUBTOTALS This Period This Page (optional)	▶	6268.53
2) TOTALS This Period (last page this line number only)	▶	6268.53
3) TOTALS 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)	▶	