

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

**USE FEC MAILING LABEL
OR TYPE OR PRINT**

Example: If typing, type
over the lines

[]

Hoosiers Supporting Buyer For Congress

ADDRESS (number and street)

200 North Main St., P.O. Box 712

Check if different
than previously
reported. (ACC)

Monticello,

IN

47960

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

STATE DISTRICT

C00255471

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

IN

4

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

2007

through

06

30

2007

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

Type or Print Name of Treasurer Douglas E. Raderstorf

Signature of Treasurer Electronically Filed by Douglas E. Raderstorf

Date

10

10

2007

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 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Hoosiers Supporting Buyer For Congress

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	70909.71	86596.71
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	70909.71	86596.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	56205.89	112705.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	13.12	115.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	56192.77	112590.26
8. Cash on Hand at Close of Reporting Period (from Line 27).....	403835.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Hoosiers Supporting Buyer For Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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).....

5500.00

9080.00

(ii) Unitemized.....

6409.71

6841.71

(iii) TOTAL of contributions

11909.71

15921.71

from individuals..... ▶

0.00

575.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

59000.00

70100.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

70909.71

86596.71

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.).....

13.12

115.62

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

1129.03

5643.34

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

72051.86

92355.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56205.89	112705.88
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS.....	4000.00	4000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	60205.89	116705.88

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	391989.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	72051.86
25. SUBTOTAL (add Line 23 and Line 24).....	464041.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60205.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	403835.83

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

Name of Candidate Congressman Steve Buyer		Candidate ID Number H2IN05025
Name of Principal Campaign Committee Hoosiers Supporting Buyer For Congress		Committee ID Number C C00255471
Committee Address 200 North Main St., P.O. Box 712		
City Monticello,	State IN	ZIP 47960-
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	89380.67	2975.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	89380.67	2975.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 72
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

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

A. Full Name (Last, First, Middle Initial)
American Academy of

Mailing Address Ophthalmology PAC
1101 Vermont Ave., NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70713.C16349

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
American Academy of Family Physicians

Mailing Address 2023 Massachusetts Ave. NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70713.C16347

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
American Academy of Otolaryngology PAC

Mailing Address One Prince Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: 70713.C16164

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	7500.00
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: (check only one)	PAGE 7 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
American Academy of Otolaryngology PAC

Mailing Address One Prince Street

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70713.C16345

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
American Association of

Mailing Address Nurse Anesthetis PAC
412 1st St., SE, Suite 12

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 30 / 2007

Transaction ID: 70713.C16302

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Chiropractic

Mailing Address Association PAC
1701 Clarendon Blvd.

City State Zip Code
Rosslyn VA 22209

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16315

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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: (check only one)	PAGE 8 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2400 North Street NW

City State Zip Code
Washington DC 20037

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70713.C16343

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American College of Physicians

Mailing Address 2011 Pennsylvania Ave. NW
Suite 800

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70713.C16344

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American College of Radiology Assoc. PAC

Mailing Address 1701 Pennsylvania Ave. NW
Suite 610

City State Zip Code
Washington DC 20000-6

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70713.C16341

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

Mailing Address 1640 Wisconsin Ave. NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 25 / 2007

Transaction ID: 70713.C16346

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th St., NW Suite 1100

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 30 / 2007

Transaction ID: 70713.C16303

Amount of Each Receipt this Period
 2500.00

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

C. Full Name (Last, First, Middle Initial)
American Nurses Association

Mailing Address 600 Maryland Ave., SE Suite 100 West

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 25 / 2007

Transaction ID: 70713.C16342

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
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: (check only one)	PAGE 10 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
American Psychiatric Assoc.

Mailing Address
1400 K Street, NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70713.C16348

Amount of Each Receipt this Period
2500.00

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

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

Mailing Address
555 13th Street NW
Suite 600 West

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70713.C16304

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AT&T PAC

Mailing Address
1401 I Street
Suite 1100

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70713.C16318

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	8500.00
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: (check only one)	PAGE 11 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Boehringer Ingelheim Pharmaceuticals

Mailing Address 1107 17th Street, NW
Suite 1102

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16305

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Johnson & Johnson Employees Good

Mailing Address Government Fund
One Johnson & Johnson Plaza.

City New Brunswick State NJ Zip Code 08933-7204

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 10 / 2007

Transaction ID: 70713.C16166

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 655 15th Street, NW
Suite 445

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 10 / 2007

Transaction ID: 70713.C16165

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Land OLakes PAC

Mailing Address P.O. Box 64101

City State Zip Code
Saint Paul MN 55164

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16317

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Assoc. of Broadcasters

Mailing Address 1771 North St., NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 18 / 2007

Transaction ID: 70713.C16255

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
National Assoc. of Broadcasters

Mailing Address 1771 North St., NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C16322

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
National Assoc. of Health Underwriters

Mailing Address 2000 North 14th Street
Suite 450

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16310

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Cable & Telecommunications

Mailing Address Assoc. PAC
25 Massachusetts Ave. NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16319

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
National Funeral Directors Assoc. PAC

Mailing Address 13625 Bishops Drive

City Brookfield State WI Zip Code 53005-6607

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16313

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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 14 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Nisource Inc. Pac

Mailing Address 200 Civic Center Drive

City State Zip Code
Columbus OH 43215

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16316

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Nucor Corporation PAC

Mailing Address 4537 South Nucur Road

City State Zip Code
Crawfordsville IN 47933

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 30 / 2007

Transaction ID: 70713.C16301

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 235 East 42nd St.

City State Zip Code
New York NY 10017

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16306

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

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

Mailing Address 430 N. Michigan Ave.

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16298

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
RJ Reynolds PAC

Mailing Address 401 N. Main St.
P.O. Box 718

City State Zip Code
Winston Salem NC 27102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: 70713.C16321

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
T-Mobile PAC

Mailing Address 401 9th Street NW
Suite 550

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70713.C16311

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
The Prudential Financial PAC

Mailing Address 1140 Connecticut Ave. NW
Suite 510

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 7

Transaction ID: 70713.C16299

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
United Parcel Service PAC

Mailing Address 316 Pennsylvania Ave. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: 70713.C16340

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
US Tobacco Public Affairs Inc.

Mailing Address 1331 F Street, NW
Suite 450

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 7

Transaction ID: 70713.C16256

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
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: (check only one)	PAGE 17 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Verizon Communications Inc. Good		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address Government Club PAC 1300 I Street, NW		Transaction ID: 70713.C16309
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Wellpoint Health Networks PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 655 15th Street NW Suite 425		Transaction ID: 70713.C16314
City Washington	State DC	Zip Code 20005
Amount of Each Receipt this Period 1000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Zeneca Inc. PAC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 701 Pennsylvania Aveune, NW Suite 500		Transaction ID: 70713.C16307
City Washington	State DC	Zip Code 20004
Amount of Each Receipt this Period 2500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation 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 18 / 72
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Zeneca Inc. PAC

Mailing Address 701 Pennsylvania Aveune, NW
Suite 500

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: 70713.C16308

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	59000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Dr. W. Kelley Carr

Mailing Address 6 Hitching Post Rd.

City State Zip Code
West Lafayette IN 47906

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

Name of Employer Occupation
retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: 70713.C16209

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth Culp

Mailing Address 3496 S. 150 W.

City State Zip Code
Rensselaer IN 47978

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

Name of Employer Occupation
self Farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: 70713.C16208

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
James Davis

Mailing Address 2337 N. Untaluti

City State Zip Code
Monticello IN 47960

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

Name of Employer Occupation
Indiana Beach, Inc. Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16291

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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: (check only one)	PAGE 20 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Rex Early

Mailing Address 8315 Union Chapel Rd.

City Indianapolis State IN Zip Code 46240

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

Name of Employer Carlisle Consolidated Insurance
Occupation Insurance Agent

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16295

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jane Gunsenhouse

Mailing Address 4979 Kingswood Dr.

City Carmel State IN Zip Code 46033

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

Name of Employer self
Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16281

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Paul Kohlheim

Mailing Address 403 Station 20

City Sullivans Island State SC Zip Code 29482

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

Name of Employer Stockamp & Assoc.
Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16285

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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: (check only one)	PAGE 21 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Alfred Maloley

Mailing Address 2730 Windpump Road

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: 70713.C16334

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Daniel Mattoon

Mailing Address 6344 Cavalier Corridor

City State Zip Code
Falls Church VA 22044

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

Name of Employer Occupation
self owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: 70713.C16312

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Cullen McCarty

Mailing Address 6525 W. Legacy Lane

City State Zip Code
Ellettsville IN 47429

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

Name of Employer Occupation
Smithville Telephone Co Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 30 / 2007

Transaction ID: 70713.C16293

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Darby McCarty

Mailing Address P.O. Box 261

City State Zip Code
Ellettsville IN 47429

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

Name of Employer
Smithville Telephone Co

Occupation
Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70713.C16339

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 12275 N. Ogen Point Road
Unit 112

City State Zip Code
Syracuse IN 46567

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

Name of Employer
self

Occupation
owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 30 / 2007

Transaction ID: 70713.C16300

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
William Miller

Mailing Address 58 Thise Court

City State Zip Code
Lafayette IN 47905

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

Name of Employer
Diagnostic Medical Imaging

Occupation
Radiologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 30 / 2007

Transaction ID: 70713.C16290

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
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: (check only one)	PAGE 23 / 72
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Robert Mursener

Mailing Address 6335 E. Hickory Ridge Ct.

City Monticello State IN Zip Code 47960

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 7

Transaction ID: 70713.C16245

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Robert Mursener

Mailing Address 6335 E. Hickory Ridge Ct.

City Monticello State IN Zip Code 47960

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 7

Transaction ID: 70713.C16294

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jeffry Price

Mailing Address 15 South Wabash Street

City Peru State IN Zip Code 46970

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 0 / 2 0 0 7

Transaction ID: 70713.C16296

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 24 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Douglas Rose

Mailing Address P.O. Box 90175

City State Zip Code
Indianapolis IN 46290

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

Name of Employer self Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16292

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Jefferson Scott Shreve

Mailing Address Carmichael Center, 3rd Floor
530 East Kirkwood Avenue

City State Zip Code
Bloomington IN 47408

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2007

Transaction ID: 70713.C16297

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	5500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Lafayette Bank & Trust

Mailing Address P.O. Box 1130

City State Zip Code
Lafayette IN 47902-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
164.69

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 05 / 2007

Transaction ID: 70410.C16153

Amount of Each Receipt this Period
26.37

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

B. Full Name (Last, First, Middle Initial)
Lafayette Bank & Trust

Mailing Address P.O. Box 1130

City State Zip Code
Lafayette IN 47902-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
196.59

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 09 / 2007

Transaction ID: 70521.C16162

Amount of Each Receipt this Period
31.90

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Note: interest from cd

C. Full Name (Last, First, Middle Initial)
Lafayette Bank & Trust

Mailing Address P.O. Box 1130

City State Zip Code
Lafayette IN 47902-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.99

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 08 / 2007

Transaction ID: 70713.C16262

Amount of Each Receipt this Period
29.40

Other Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 Note: interest from CD

SUBTOTAL of Receipts This Page (optional)	▶	87.67
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: (check only one)	PAGE 26 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address 119 North Main Street		Transaction ID: 70713.C16261
City Monticello State IN Zip Code 47960-6748	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.06
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4406.05	Note: April interest

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 119 North Main Street		Transaction ID: 70713.C16257
City Monticello State IN Zip Code 47960-6748	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.25
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4436.30	Note: May interest

Full Name (Last, First, Middle Initial) C. Wells Fargo		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address 119 North Main Street		Transaction ID: 70713.C16351
City Monticello State IN Zip Code 47960-6748	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 4.75
Name of Employer	Occupation	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4441.05	Note: refund

SUBTOTAL of Receipts This Page (optional)	▶	65.06
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: (check only one)	PAGE 27 / 72
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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

A. Wells Fargo

Full Name (Last, First, Middle Initial)
Mailing Address 119 North Main Street

City State Zip Code
Monticello IN 47960-6748

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4470.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: 70713.C16352

Amount of Each Receipt this Period
29.10

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

Note: interest

B. Wells Fargo

Full Name (Last, First, Middle Initial)
Mailing Address 119 North Main Street

City State Zip Code
Monticello IN 47960-6748

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5417.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	7

Transaction ID: 70713.C16355

Amount of Each Receipt this Period
947.20

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

Note: interest from CD

SUBTOTAL of Receipts This Page (optional)	▶	976.30
TOTAL This Period (last page this line number only)	▶	1129.03

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Adams Remco, Inc.		Transaction ID: 70713.E6982 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address P.O. Box 3968		Amount of Each Disbursement this Period 799.56	
City South Bend State IN Zip Code 46619-	Purpose of Disbursement SERVICE CONTRACT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CONTRACT	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 70713.E7074 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 15715		Amount of Each Disbursement this Period 841.17	
City Wilmington State DE Zip Code 19886-	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW	

Full Name (Last, First, Middle Initial) C. Battlefield		Transaction ID: 70713.E7063 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 5851 St. Rd. 43 N.		Amount of Each Disbursement this Period 37.46	
City West Lafayette State IN Zip Code 47906-	Purpose of Disbursement GASOLINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GASOLINE	

SUBTOTAL of Disbursements This Page (optional) ▶	1640.73
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Scottsdale Resort		Transaction ID: 70713.E7075 Date of Disbursement 05 / 30 / 2007
Mailing Address		Amount of Each Disbursement this Period 555.36
City Scottsdale	State AZ	
Zip Code 85250-	Purpose of Disbursement HOTEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: HOTEL EXPENSE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways, Inc.		Transaction ID: 70713.E7076 Date of Disbursement 05 / 30 / 2007
Mailing Address Crystal Park Four 2345 Crystal Drive		Amount of Each Disbursement this Period 285.81
City Indianapolis	State IN	
Zip Code 46201-	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Bulls Bay Golf Club		Transaction ID: 70713.E7150 Date of Disbursement 06 / 20 / 2007
Mailing Address 995 Bulls Bay Blvd.		Amount of Each Disbursement this Period 631.86
City Awendaw	State SC	
Zip Code 29429-	Purpose of Disbursement FUNDRAISER FACILITIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISER FACILITIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	631.86
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 30 / 72

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

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

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 70713.E6972 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 300 1st. St., S.E.		Amount of Each Disbursement this Period 1278.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEV. EXPENSE

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 70713.E7045 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 300 1st. St., S.E.		Amount of Each Disbursement this Period 1278.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEV. EXPENSE

Full Name (Last, First, Middle Initial) C. Chrysler Financial		Transaction ID: 70713.E6980 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 55000 Dept. 203201		Amount of Each Disbursement this Period 418.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Detroit State MI Zip Code 48255-	Purpose of Disbursement LEASE PAYMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LEASE PAYMENT

SUBTOTAL of Disbursements This Page (optional) ▶	2974.67
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 31 / 72

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

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

Full Name (Last, First, Middle Initial) A. Chrysler Financial		Transaction ID: 70713.E7051 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 55000 Dept. 203201		Amount of Each Disbursement this Period 398.60
City Detroit State MI Zip Code 48255-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEASE PAYMENT	Candidate Name	LEASE PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chrysler Financial		Transaction ID: 70713.E7152 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 55000 Dept. 203201		Amount of Each Disbursement this Period 398.60
City Detroit State MI Zip Code 48255-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEASE PAYMENT	Candidate Name	LEASE PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Comcast		Transaction ID: 70713.E6983 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 55.16
City Monticello State IN Zip Code 47960-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE SERVICE	Candidate Name	CABLE SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	852.36
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Comcast Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Monticello IN 47960- Purpose of Disbursement CABLE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7142 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 55.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
--	--	--

B. Corporate Card Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 10347 City State Zip Code Des Moines IA 50306- Purpose of Disbursement CELL PHONE EQUIPMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E6997 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 53.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE EQUIPMENT
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C. Corporate Card Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 10347 City State Zip Code Des Moines IA 50306- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7003 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 2808.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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SUBTOTAL of Disbursements This Page (optional) ▶	2916.85
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Amoco Gas Station		Transaction ID: 70713.E7006 Date of Disbursement 04 / 23 / 2007
Mailing Address		Amount of Each Disbursement this Period 112.97
City Lebanon	State IN	
Purpose of Disbursement GASOLINE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]
MEMO: GASOLINE

Full Name (Last, First, Middle Initial) B. Battlefield		Transaction ID: 70713.E7020 Date of Disbursement 04 / 23 / 2007
Mailing Address 5851 St. Rd. 43 N.		Amount of Each Disbursement this Period 33.80
City West Lafayette	State IN	
Purpose of Disbursement GASOLINE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]
MEMO: GASOLINE

Full Name (Last, First, Middle Initial) C. Clydes of Gallery Place		Transaction ID: 70713.E7023 Date of Disbursement 04 / 23 / 2007
Mailing Address		Amount of Each Disbursement this Period 261.23
City Washington	State DC	
Purpose of Disbursement FOOD & BEV. EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]
MEMO: FOOD & BEV. EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Family Express</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Lafayette IN 47902-</p> <p>Purpose of Disbursement GASOLINE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70713.E7019</p> <p>Date of Disbursement</p> <p>04 / 23 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>46.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GASOLINE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Hilton Hotels</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Indianapolis IN 46201-</p> <p>Purpose of Disbursement FOOD & BEV. EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70713.E7010</p> <p>Date of Disbursement</p> <p>04 / 23 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>64.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. House Gift Shop</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Washington DC 20515-</p> <p>Purpose of Disbursement FUNDRAISER SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70713.E7029</p> <p>Date of Disbursement</p> <p>04 / 23 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>124.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FUNDRAISER SUPPLIES</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)

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

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

Full Name (Last, First, Middle Initial) A. M & S Grill		Transaction ID: 70713.E7018 Date of Disbursement 04 / 23 / 2007	
Mailing Address 600 Thirteenth Street, NW		Amount of Each Disbursement this Period 273.68	
City Washington State DC Zip Code 20005-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	

Full Name (Last, First, Middle Initial) B. Rock Bottom		Transaction ID: 70713.E7005 Date of Disbursement 04 / 23 / 2007	
Mailing Address		Amount of Each Disbursement this Period 225.84	
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	

Full Name (Last, First, Middle Initial) C. Target		Transaction ID: 70713.E7017 Date of Disbursement 04 / 23 / 2007	
Mailing Address		Amount of Each Disbursement this Period 51.24	
City Lafayette State IN Zip Code 47905-	Purpose of Disbursement FUNDRAISER SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISER SUPPLIES	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Tortilla Coast Full Name (Last, First, Middle Initial) Mailing Address 400 First Street SE City Washington State DC Zip Code 20016- Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7013 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 70.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
---	--	---

B. U.S. House Members Dinner Full Name (Last, First, Middle Initial) Mailing Address B-217 Longworth Bldg. City Washington State DC Zip Code 20002- Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7027 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 73.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
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C. US Airways, Inc. Full Name (Last, First, Middle Initial) Mailing Address Crystal Park Four 2345 Crystal Drive City Indianapolis State IN Zip Code 46201- Purpose of Disbursement AIRFARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7015 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 957.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. US Airways, Inc.		Transaction ID: 70713.E7021 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Crystal Park Four 2345 Crystal Drive		Amount of Each Disbursement this Period 655.78
City Indianapolis	State IN	
Zip Code 46201-	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways, Inc.		Transaction ID: 70713.E7011 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Crystal Park Four 2345 Crystal Drive		Amount of Each Disbursement this Period 313.50
City Indianapolis	State IN	
Zip Code 46201-	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIRFARE
State: District:		

Full Name (Last, First, Middle Initial) C. Corporate Card		Transaction ID: 70713.E7035 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 10347		Amount of Each Disbursement this Period 2989.41
City Des Moines	State IA	
Zip Code 50306-	Purpose of Disbursement SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2989.41
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. US Airways, Inc.		Transaction ID: 70713.E7036 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address Crystal Park Four 2345 Crystal Drive		Amount of Each Disbursement this Period 2601.33	
City Indianapolis	State IN	Zip Code 46201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
Purpose of Disbursement AIRFARE		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70713.E7037 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 275.58	
City Dallas	State TX	Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CELL PHONE EQUIPMENT
Purpose of Disbursement CELL PHONE EQUIPMENT		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Corporate Card		Transaction ID: 70713.E7082 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address P.O. Box 10347		Amount of Each Disbursement this Period 4796.77	
City Des Moines	State IA	Zip Code 50306-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
Purpose of Disbursement SEE BELOW		Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4796.77
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)

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

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

A. Battlefield Full Name (Last, First, Middle Initial) Mailing Address 5851 St. Rd. 43 N. City West Lafayette State IN Zip Code 47906- Purpose of Disbursement GASOLINE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7094 Date of Disbursement 05 / 25 / 2007 Amount of Each Disbursement this Period 41.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
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B. Capital Grille Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Ave., NW City Washington State DC Zip Code 20004- Purpose of Disbursement FOOD & BEV. EXPESNE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7093 Date of Disbursement 05 / 25 / 2007 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPESNE
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C. Family Express Full Name (Last, First, Middle Initial) Mailing Address City Lafayette State IN Zip Code 47902- Purpose of Disbursement GASOLINE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7086 Date of Disbursement 05 / 25 / 2007 Amount of Each Disbursement this Period 76.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Fogo De Chao Churrasca		Transaction ID: 70713.E7100 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 1101 Pennsylvania Ave.		Amount of Each Disbursement this Period 715.08	
City Washington State DC Zip Code 20004-	Purpose of Disbursement IN-KIND RYUN FOR CONGRESS/FOOD & BE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: IN-KIND RYUN FOR CONGRESS/FOOD & BE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. La Lomita Dos Restaurant		Transaction ID: 70713.E7099 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address		Amount of Each Disbursement this Period 268.60	
City Washington State DC Zip Code 20005-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. McCormick Ranch Golf Course		Transaction ID: 70713.E7089 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address		Amount of Each Disbursement this Period 247.22	
City Scottsdale State AZ Zip Code 85250-	Purpose of Disbursement FACILITIES FOR FUNDRAISER	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	[MEMO ITEM] MEMO: FACILITIES FOR FUNDRAISER	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Northwest Airlines		Transaction ID: 70713.E7097 Date of Disbursement 05 / 25 / 2007
Mailing Address		Amount of Each Disbursement this Period 795.30
City Indianapolis	State IN	
Zip Code 46240-	Purpose of Disbursement AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Ocean Club		Transaction ID: 70713.E7090 Date of Disbursement 05 / 25 / 2007
Mailing Address		Amount of Each Disbursement this Period 429.84
City Scottsdale	State AZ	
Zip Code 85250-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. U.S. House Members Dinner		Transaction ID: 70713.E7098 Date of Disbursement 05 / 25 / 2007
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 19.40
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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)

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

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

Full Name (Last, First, Middle Initial) A. US Airways, Inc.		Transaction ID: 70713.E7085 Date of Disbursement 05 / 25 / 2007
Mailing Address Crystal Park Four 2345 Crystal Drive		Amount of Each Disbursement this Period 690.30
City Indianapolis	State IN	
Zip Code 46201-	Purpose of Disbursement AIR FARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: AIR FARE
State: District:		

Full Name (Last, First, Middle Initial) B. Whyte Horse Winery		Transaction ID: 70713.E7091 Date of Disbursement 05 / 25 / 2007
Mailing Address 1510 South Airport Road		Amount of Each Disbursement this Period 212.69
City Monticello	State IN	
Zip Code 47960-	Purpose of Disbursement FUNDRAISER GIFTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISER GIFTS
State: District:		

Full Name (Last, First, Middle Initial) C. Zydecos 5		Transaction ID: 70713.E7087 Date of Disbursement 05 / 25 / 2007
Mailing Address 11E. Main Street		Amount of Each Disbursement this Period 543.95
City Mooresville	State IN	
Zip Code 46158-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Corporate Card		Transaction ID: 70713.E7159 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 10347		Amount of Each Disbursement this Period 6051.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50306-	Category/Type	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Anson Street Cafe		Transaction ID: 70713.E7163 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 1276.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charleston State SC Zip Code 29418-	Category/Type	
Purpose of Disbursement FOOD & BEV. EXPENSE	Candidate Name	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Budget Rent-A-Car		Transaction ID: 70713.E7166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 260.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charleston State SC Zip Code 29401-	Category/Type	
Purpose of Disbursement RENTAL CAR	Candidate Name	[MEMO ITEM] MEMO: RENTAL CAR
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6051.70
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)

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

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

Full Name (Last, First, Middle Initial) A. Charleston Place		Transaction ID: 70713.E7167 Date of Disbursement 06 / 20 / 2007	
Mailing Address 205 Meeting Street		Amount of Each Disbursement this Period 2967.03	
City Charleston State SC Zip Code 29401-	Purpose of Disbursement HOTEL EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: HOTEL EXPENSE	

Full Name (Last, First, Middle Initial) B. Grill 225		Transaction ID: 70713.E7162 Date of Disbursement 06 / 20 / 2007	
Mailing Address 225 East Bay Street		Amount of Each Disbursement this Period 1083.25	
City Charleston State SC Zip Code 29401-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	

Full Name (Last, First, Middle Initial) C. Whyte Horse Winery		Transaction ID: 70713.E7168 Date of Disbursement 06 / 20 / 2007	
Mailing Address 1510 South Airport Road		Amount of Each Disbursement this Period 65.93	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement FUNDRAISER GIFTS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISER GIFTS	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Corporate Card		Transaction ID: 70713.E7126 Date of Disbursement 06 / 20 / 2007	
Mailing Address P.O. Box 10347		Amount of Each Disbursement this Period 3188.45	
City Des Moines State IA Zip Code 50306-	Purpose of Disbursement SEE BELOW Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ SEE BELOW		

Full Name (Last, First, Middle Initial) B. Bulls Bay Golf Club		Transaction ID: 70713.E7129 Date of Disbursement 06 / 20 / 2007	
Mailing Address 995 Bulls Bay Blvd.		Amount of Each Disbursement this Period 119.28	
City Awendaw State SC Zip Code 29429-	Purpose of Disbursement FUNDRAISER SUPPLIES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: FUNDRAISER SUPPLIES		

Full Name (Last, First, Middle Initial) C. Charleston Place		Transaction ID: 70713.E7134 Date of Disbursement 06 / 20 / 2007	
Mailing Address 205 Meeting Street		Amount of Each Disbursement this Period 2019.41	
City Charleston State SC Zip Code 29401-	Purpose of Disbursement HOTEL EXPENSE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ [MEMO ITEM] MEMO: HOTEL EXPENSE		

SUBTOTAL of Disbursements This Page (optional) ▶	3188.45
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dicks Sporting		Transaction ID: 70713.E7137 Date of Disbursement 06 / 20 / 2007	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	228.58
Lafayette	IN	47905-	
Purpose of Disbursement FUNDRAISING SUPPLIES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: FUNDRAISING SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) B. Grill 225		Transaction ID: 70713.E7130 Date of Disbursement 06 / 20 / 2007	
Mailing Address 225 East Bay Street		Amount of Each Disbursement this Period	
City	State	Zip Code	37.20
Charleston	SC	29401-	
Purpose of Disbursement FOOD & BEV. EXPENSE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

Full Name (Last, First, Middle Initial) C. Hertz Rent-A-Car		Transaction ID: 70713.E7131 Date of Disbursement 06 / 20 / 2007	
Mailing Address		Amount of Each Disbursement this Period	
City	State	Zip Code	362.04
Charleston	SC	29418-	
Purpose of Disbursement CAR RENTAL		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		<input type="checkbox"/> [MEMO ITEM] MEMO: CAR RENTAL	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. David L. Andrukitis, Inc.		Transaction ID: 70713.E6986 Date of Disbursement 04 / 06 / 2007	
Mailing Address 50 E Street, SE		Amount of Each Disbursement this Period 389.90	
City Washington State DC Zip Code 20003-	Purpose of Disbursement PRINTING EXPENSE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PRINTING EXPENSE	
State: District:			

Full Name (Last, First, Middle Initial) B. Embarq		Transaction ID: 70713.E6977 Date of Disbursement 04 / 23 / 2007	
Mailing Address P.O. Box 74517		Amount of Each Disbursement this Period 406.96	
City Atlanta State GA Zip Code 30374-	Purpose of Disbursement PHONE BILL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PHONE BILL	
State: District:			

Full Name (Last, First, Middle Initial) C. Embarq		Transaction ID: 70713.E7056 Date of Disbursement 05 / 22 / 2007	
Mailing Address P.O. Box 74517		Amount of Each Disbursement this Period 402.47	
City Atlanta State GA Zip Code 30374-	Purpose of Disbursement PHONE BILL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PHONE BILL	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1199.33
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Embarq		Transaction ID: 70713.E7146 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 74517		Amount of Each Disbursement this Period 404.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30374-	Category/Type	
Purpose of Disbursement PHONE BILL	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE BILL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. GM Card		Transaction ID: 70713.E6998 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Dept. 9600		Amount of Each Disbursement this Period 78.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60128-	Category/Type	
Purpose of Disbursement GASOLINE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	GASOLINE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. GM Card		Transaction ID: 70713.E7061 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address Dept. 9600		Amount of Each Disbursement this Period 2104.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60128-	Category/Type	
Purpose of Disbursement SEE BELOW	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	2586.26
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Scottsdale Resort		Transaction ID: 70713.E7172 Date of Disbursement 05 / 30 / 2007
Mailing Address		Amount of Each Disbursement this Period 609.98
City	State	
Scottsdale	AZ	Purpose of Disbursement HOTEL EXPENSE
Zip Code	85250-	Candidate Name Category/Type
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]
MEMO: HOTEL EXPENSE

Full Name (Last, First, Middle Initial) B. US Airways, Inc.		Transaction ID: 70713.E7173 Date of Disbursement 05 / 30 / 2007
Mailing Address		Amount of Each Disbursement this Period 256.81
City	State	
Indianapolis	IN	Purpose of Disbursement AIRFARE
Zip Code	46201-	Candidate Name Category/Type
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]
MEMO: AIRFARE

Full Name (Last, First, Middle Initial) C. GM Card		Transaction ID: 70713.E7107 Date of Disbursement 06 / 20 / 2007
Mailing Address		Amount of Each Disbursement this Period 1909.60
City	State	
Carol Stream	IL	Purpose of Disbursement SEE BELOW
Zip Code	60128-	Candidate Name Category/Type
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶	1909.60
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)

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

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

A. Battlefield Full Name (Last, First, Middle Initial) Mailing Address 5851 St. Rd. 43 N. City West Lafayette State IN Zip Code 47906- Purpose of Disbursement GASOLINE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7108 Date of Disbursement 06 / 20 / 2007 Amount of Each Disbursement this Period 39.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
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B. Capital Grille Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Ave., NW City Washington State DC Zip Code 20004- Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7119 Date of Disbursement 06 / 20 / 2007 Amount of Each Disbursement this Period 607.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
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C. Capitol Hill Club Full Name (Last, First, Middle Initial) Mailing Address 300 1st. St., S.E. City Washington State DC Zip Code 20003- Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7111 Date of Disbursement 06 / 20 / 2007 Amount of Each Disbursement this Period 24.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Family Express		Transaction ID: 70713.E7122 Date of Disbursement 06 / 20 / 2007
Mailing Address		Amount of Each Disbursement this Period 81.01
City Lafayette	State IN	
Zip Code 47902-	Purpose of Disbursement GASOLINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Giant Food		Transaction ID: 70713.E7112 Date of Disbursement 06 / 20 / 2007
Mailing Address		Amount of Each Disbursement this Period 21.26
City Alexandria	State VA	
Zip Code 22314-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Tortilla Coast		Transaction ID: 70713.E7113 Date of Disbursement 06 / 20 / 2007
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 96.57
City Washington	State DC	
Zip Code 20016-	Purpose of Disbursement FOOD & BEV. EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEV. EXPENSE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. U.S. House Members Dinner		Transaction ID: 70713.E7109 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 145.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	Purpose of Disbursement FOOD & BEV. EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEV. EXPENSE

Full Name (Last, First, Middle Initial) B. Ind. Dept of Revenue		Transaction ID: 70713.E7081 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 100 N. Senate Ave.		Amount of Each Disbursement this Period 48.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. Ind. Dept of Revenue		Transaction ID: 70713.E7059 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 100 N. Senate Ave.		Amount of Each Disbursement this Period 53.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Indianapolis State IN Zip Code 46204-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	101.56
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)

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

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

Full Name (Last, First, Middle Initial) A. Ind. Dept of Revenue		Transaction ID: 70713.E7058 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 100 N. Senate Ave.		Amount of Each Disbursement this Period 53.28
City Indianapolis State IN Zip Code 46204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ind. Dept of Revenue		Transaction ID: 70713.E7103 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 100 N. Senate Ave.		Amount of Each Disbursement this Period 48.28
City Indianapolis State IN Zip Code 46204-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Indianapolis Convention & Visitors As		Transaction ID: 70713.E6987 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address One RCA Dome Suite 100		Amount of Each Disbursement this Period 4000.00
City Indianapolis State IN Zip Code 46225-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FACILITIES FOR FUNDRAISER	Candidate Name	FACILITIES FOR FUNDRAISER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4101.56
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)

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

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

Full Name (Last, First, Middle Initial) A. Indianapolis Convention & Visitors As		Transaction ID: 70713.E7143 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address One RCA Dome Suite 100		Amount of Each Disbursement this Period 2142.72
City Indianapolis State IN Zip Code 46225-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEV. EXPENSE	Candidate Name	FOOD & BEV. EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ITN		Transaction ID: 70713.E6992 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 839		Amount of Each Disbursement this Period 50.00
City Monticello State IN Zip Code 47960-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ITN		Transaction ID: 70713.E7049 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 839		Amount of Each Disbursement this Period 50.00
City Monticello State IN Zip Code 47960-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SERVICE	Candidate Name	INTERNET SERVICE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2242.72
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)

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

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

A. ITN Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 839 City Monticello State IN Zip Code 47960- Purpose of Disbursement INTERNET SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7156 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE
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B. Mail Inc. Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5685 City Lafayette State IN Zip Code 47903- Purpose of Disbursement POSTAGE/MAILING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7046 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 2396.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE/MAILING EXPENSE
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C. Main Street Computers Full Name (Last, First, Middle Initial) Mailing Address 224 N. Main Street P.O. Box 1003 City Monticello State IN Zip Code 47960- Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E6994 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 46.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
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SUBTOTAL of Disbursements This Page (optional) ▶	2492.62
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)

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

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

Full Name (Last, First, Middle Initial) A. Marcias Flowers Cart		Transaction ID: 70713.E6976 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 512 Northwestern St.		Amount of Each Disbursement this Period 135.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monticello State IN Zip Code 47960-	Purpose of Disbursement FLOWERS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS

Full Name (Last, First, Middle Initial) B. Marcias Flowers Cart		Transaction ID: 70713.E7042 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 512 Northwestern St.		Amount of Each Disbursement this Period 145.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monticello State IN Zip Code 47960-	Purpose of Disbursement FLOWERS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS

Full Name (Last, First, Middle Initial) C. Marcias Flowers Cart		Transaction ID: 70713.E7144 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 512 Northwestern St.		Amount of Each Disbursement this Period 70.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monticello State IN Zip Code 47960-	Purpose of Disbursement FLOWERS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FLOWERS

SUBTOTAL of Disbursements This Page (optional) ▶	350.97
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)

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

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

Full Name (Last, First, Middle Initial) A. Stephanie Mattix		Transaction ID: 70713.E7031 Date of Disbursement 04 / 30 / 2007	
Mailing Address 200 N. Main St.		Amount of Each Disbursement this Period 873.16	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) B. Stephanie Mattix		Transaction ID: 70713.E7048 Date of Disbursement 05 / 23 / 2007	
Mailing Address 200 N. Main St.		Amount of Each Disbursement this Period 569.95	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement REIMB. AIRFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type REIMB. AIRFARE	

Full Name (Last, First, Middle Initial) C. Stephanie Mattix		Transaction ID: 70713.E7073 Date of Disbursement 05 / 25 / 2007	
Mailing Address 200 N. Main St.		Amount of Each Disbursement this Period 835.30	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement REIMB. ARIFARE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type REIMB. ARIFARE	

SUBTOTAL of Disbursements This Page (optional) ▶	2278.41
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Stephanie Mattix		Transaction ID: 70713.E7079 Date of Disbursement 05 / 31 / 2007
Mailing Address 200 N. Main St.		Amount of Each Disbursement this Period 1669.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
City Monticello State IN Zip Code 47960-		
Purpose of Disbursement PAYOLL	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephanie Mattix		Transaction ID: 70713.E7102 Date of Disbursement 06 / 29 / 2007
Mailing Address 200 N. Main St.		Amount of Each Disbursement this Period 873.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
City Monticello State IN Zip Code 47960-		
Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Monticello Custom Frame & Gallery		Transaction ID: 70713.E7147 Date of Disbursement 06 / 18 / 2007
Mailing Address 101 W. Broadway		Amount of Each Disbursement this Period 1234.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FRAMING EXPENSE
City Monticello State IN Zip Code 47960-		
Purpose of Disbursement FRAMING EXPENSE	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3777.19
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)

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

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

Full Name (Last, First, Middle Initial) A. Monticello Water & Sewer Departments		Transaction ID: 70713.E6984 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address P.O. Box 384		Amount of Each Disbursement this Period 31.26	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement WATER BILL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WATER BILL	

Full Name (Last, First, Middle Initial) B. Monticello Water & Sewer Departments		Transaction ID: 70713.E7052 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 384		Amount of Each Disbursement this Period 31.26	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement WATER BILL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WATER BILL	

Full Name (Last, First, Middle Initial) C. Monticello Water & Sewer Departments		Transaction ID: 70713.E7145 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address P.O. Box 384		Amount of Each Disbursement this Period 31.26	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement WATER BILL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WATER BILL	

SUBTOTAL of Disbursements This Page (optional) ▶	93.78
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)

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

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

Full Name (Last, First, Middle Initial) A. Nipsco		Transaction ID: 70713.E6991 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address P.O. Box 13007		Amount of Each Disbursement this Period 231.26	
City Merrillville	State IN	Zip Code 46411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ELECTRIC BILL		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	ELECTRIC BILL		

Full Name (Last, First, Middle Initial) B. Nipsco		Transaction ID: 70713.E7043 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address P.O. Box 13007		Amount of Each Disbursement this Period 229.36	
City Merrillville	State IN	Zip Code 46411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ELECTRIC BILL		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	ELECTRIC BILL		

Full Name (Last, First, Middle Initial) C. Nipsco		Transaction ID: 70713.E7155 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address P.O. Box 13007		Amount of Each Disbursement this Period 83.43	
City Merrillville	State IN	Zip Code 46411-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement ELECTRIC BILL		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____	ELECTRIC BILL		

SUBTOTAL of Disbursements This Page (optional) ▶	544.05
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)

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

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

Full Name (Last, First, Middle Initial) A. Perkins Insurance		Transaction ID: 70713.E6995 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 2505 Court Street		Amount of Each Disbursement this Period 249.00	
City Pekin State IL Zip Code 61558-	Purpose of Disbursement RENTERS INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENTERS INSURANCE	

Full Name (Last, First, Middle Initial) B. Perkins Insurance		Transaction ID: 70713.E6985 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 2505 Court Street		Amount of Each Disbursement this Period 52.00	
City Pekin State IL Zip Code 61558-	Purpose of Disbursement RENTERS INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENTERS INSURANCE	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: 70713.E6979 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 125 W. Broadway		Amount of Each Disbursement this Period 72.00	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	373.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 125 W. Broadway City Monticello State IN Zip Code 47960- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7041 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 82.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
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B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 125 W. Broadway City Monticello State IN Zip Code 47960- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7148 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7 Amount of Each Disbursement this Period 82.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
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C. Progressive Full Name (Last, First, Middle Initial) Mailing Address 107 W. Broadway P.O. Box 752 City Monticello State IN Zip Code 47960- Purpose of Disbursement AUTO INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E6993 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 352.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO INSURANCE
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SUBTOTAL of Disbursements This Page (optional) ▶	516.75
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Progressive Full Name (Last, First, Middle Initial) Mailing Address 107 W. Broadway P.O. Box 752 City Monticello State IN Zip Code 47960- Purpose of Disbursement AUTO INSURANCE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E6978 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 352.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AUTO INSURANCE
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B. Q Graphics Full Name (Last, First, Middle Initial) Mailing Address 108 E. Main St. P.O. Box 180 City Delphi State IN Zip Code 46923- Purpose of Disbursement PRINTING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E6999 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 Amount of Each Disbursement this Period 2289.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING EXPENSE
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C. Super Test Service Stations Full Name (Last, First, Middle Initial) Mailing Address 305 W. Broadway Street City Monticello State IN Zip Code 47960- Purpose of Disbursement GASOLINE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E6988 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 27.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GASOLINE
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SUBTOTAL of Disbursements This Page (optional)	2669.61
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Super Test Service Stations Full Name (Last, First, Middle Initial) Mailing Address 305 W. Broadway Street City Monticello State IN Zip Code 47960- Purpose of Disbursement GASOLINE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7044 Date of Disbursement 05 / 23 / 2007 Amount of Each Disbursement this Period 133.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GASOLINE
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B. Super Test Service Stations Full Name (Last, First, Middle Initial) Mailing Address 305 W. Broadway Street City Monticello State IN Zip Code 47960- Purpose of Disbursement GASOLINE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7157 Date of Disbursement 06 / 20 / 2007 Amount of Each Disbursement this Period 82.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GASOLINE
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C. United Parcel Service Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 85036 City Louisville State KY Zip Code 40285-5036 Purpose of Disbursement SHIPPING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70713.E7040 Date of Disbursement 05 / 23 / 2007 Amount of Each Disbursement this Period 179.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SHIPPING
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SUBTOTAL of Disbursements This Page (optional) ▶	395.83
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 65 / 72

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

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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70713.E6973 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 49.92
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70713.E6990 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 68.81
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70713.E7054 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 190.81
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	309.54
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70713.E7039 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 187.01
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70713.E7033 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 50.31
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70713.E7158 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 50.31
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	287.63
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70713.E7125 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 101.04
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70713.E7153 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 630024		Amount of Each Disbursement this Period 242.25
City Dallas State TX Zip Code 75263-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE EXPENSE	Candidate Name	CELL PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alberta Vogel		Transaction ID: 70713.E7002 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 102 E. Ohio St.		Amount of Each Disbursement this Period 250.00
City Monticello State IN Zip Code 47960-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement APRIL RENT	Candidate Name	APRIL RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	593.29
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Alberta Vogel		Transaction ID: 70713.E7060 Date of Disbursement 05 / 01 / 2007	
Mailing Address 102 E. Ohio St.		Amount of Each Disbursement this Period 250.00	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement MAY RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAY RENT	

Full Name (Last, First, Middle Initial) B. Alberta Vogel		Transaction ID: 70713.E7151 Date of Disbursement 06 / 20 / 2007	
Mailing Address 102 E. Ohio St.		Amount of Each Disbursement this Period 250.00	
City Monticello State IN Zip Code 47960-	Purpose of Disbursement JUNE RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	JUNE RENT	

Full Name (Last, First, Middle Initial) C. VSJ Foundation		Transaction ID: 70713.E7106 Date of Disbursement 06 / 20 / 2007	
Mailing Address 555 Twelfth Street NW Suite 650		Amount of Each Disbursement this Period 1100.00	
City Washington State DC Zip Code 20004-	Purpose of Disbursement GOLF SPONSORSHIP	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	GOLF SPONSORSHIP	

SUBTOTAL of Disbursements This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo		Transaction ID: 70713.E7080	
Mailing Address 119 North Main Street		Date of Disbursement 05 / 01 / 2007	
City Monticello	State IN	Zip Code 47960-6748	Amount of Each Disbursement this Period 198.12
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

Full Name (Last, First, Middle Initial) B. Wells Fargo		Transaction ID: 70713.E7077	
Mailing Address 119 North Main Street		Date of Disbursement 05 / 01 / 2007	
City Monticello	State IN	Zip Code 47960-6748	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement PETTY CASH		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PETTY CASH
State: District:			

Full Name (Last, First, Middle Initial) C. Wells Fargo		Transaction ID: 70713.E7055	
Mailing Address 119 North Main Street		Date of Disbursement 05 / 15 / 2007	
City Monticello	State IN	Zip Code 47960-6748	Amount of Each Disbursement this Period 198.12
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	496.24
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Wells Fargo		Transaction ID: 70713.E6970	
Mailing Address 119 North Main Street		Date of Disbursement 05 / 31 / 2007	
City Monticello	State IN	Zip Code 47960-6748	Amount of Each Disbursement this Period 4.75
Purpose of Disbursement FEE	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		FEE
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Wells Fargo		Transaction ID: 70713.E7149	
Mailing Address 119 North Main Street		Date of Disbursement 06 / 11 / 2007	
City Monticello	State IN	Zip Code 47960-6748	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement PETTY CASH	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PETTY CASH
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) C. Wells Fargo		Transaction ID: 70713.E7101	
Mailing Address 119 North Main Street		Date of Disbursement 06 / 15 / 2007	
City Monticello	State IN	Zip Code 47960-6748	Amount of Each Disbursement this Period 473.24
Purpose of Disbursement PAYROLL TAXES	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional)	577.99
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)

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

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

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address 119 North Main Street

City Monticello State IN Zip Code 47960-6748

Purpose of Disbursement
PETTY CASH

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70713.E7105

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

100.00

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

PETTY CASH

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

55640.73

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
Hoosiers Supporting Buyer For Congress

A. Full Name (Last, First, Middle Initial)
Dan Burton for Congress Committee, Inc.

Mailing Address P.O. Box 50593

City Indianapolis State IN Zip Code 46250-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70713.E7104

Date of Disbursement

06 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

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

B. Full Name (Last, First, Middle Initial)
Jean Williams for Mayor

Mailing Address 1117 14th Street

City Bedford State IN Zip Code 47421-

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70713.E6975

Date of Disbursement

04 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00