

**CERTIFIED MAIL**  
**OCT 15 1990**

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee  
 (Summary Page)

RECEIVED  
 OFFICE OF RECORDS & REGISTRATION  
 1990 OCT 22 AM 10:09

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL  
 OR  
 TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 McCloskey For Congress Committee

ADDRESS (number and street)  Check if different than previously reported.  
 P.O. Box 70

CITY, STATE and ZIP CODE STATE/DISTRICT  
 Bloomington, IN 47402

2. FEC IDENTIFICATION NUMBER  
 100188

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

**4. TYPE OF REPORT**

April 15 Quarterly Report  Twelfth day report preceding \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_

July 15 Quarterly Report  Thirtieth day report following the General Election on \_\_\_\_\_  
 \_\_\_\_\_ in the State of \_\_\_\_\_

October 15 Quarterly Report  Termination Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

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

**SUMMARY**

5. Covering Period	COLUMN A	COLUMN B
<u>07-01-90</u> through <u>09-30-90</u>	This Period	Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) . . . . .	118551.23	250572.73
(b) Total Contribution Refunds (from Line 20(d)) . . . . .	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a)) . . . . .	118551.23	250572.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17). . . . .	158152.79	225556.26
(b) Total Offsets to Operating Expenditures (from Line 14) . . . . .	1250.00	1250.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)). . . . .	156902.79	224306.26
8. Cash on Hand at Close of Reporting Period (from Line 27) . . . . .	84520.11	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) . . . . .	18654.37	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-376-3120

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

Type or Print Name of Treasurer  
 Katherine Startin

Signature of Treasurer  
*Katherine Startin*

Date  
 10-15-90

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

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**FEC FORM 3**  
 (revised 4/87)

90014133897

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) **McCloskey For Congress Committee #100188** Report Covering the Period:  
From: **07/01/90** To: **09/30/90**

<b>I. RECEIPTS</b>		<b>COLUMN A</b>	<b>COLUMN B</b>
		<b>Total This Period</b>	<b>Calendar Year-To-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		3706.23	
(ii) Unitemized		20695.00	
(iii) Total of contributions from individuals		24401.23	59245.23
(b) Political Party Committees		1500.00	2117.00
(c) Other Political Committees (such as PACs)		92650.00	189210.00
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		118551.23	250572.73
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b>		0.00	0.00
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate		0.00	0.00
(b) All Other Loans		0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))		0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>		1250.00	1250.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>		1618.48	4318.32
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>		121419.71	256141.05
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b>		158152.79	225556.26
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b>		0.00	0.00
<b>19. LOAN REPAYMENTS:</b>			
(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 19(a) and (b))		0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(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 20(a), (b) and (c))		0.00	0.00
<b>21. OTHER DISBURSEMENTS</b>		1780.30	3780.30
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>		159933.09	229336.56

**III. CASH SUMMARY**

<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$ 123033.49	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$ 121419.71	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$ 244453.20	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$ 159933.09	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$ 84520.11	

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11(e)  
11(e)  
11(e)  
11(b)  
11(c)  
11(c)  
11(e)  
12  
13(e)  
13(b)  
13(c)  
14  
15  
16  
17  
18  
19(e)  
19(b)  
19(c)  
20(e)  
20(b)  
20(c)  
20(c)  
21  
22  
23  
24  
25  
26  
27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(a) (i)

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

NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.E. Field R.R. 1 Box 14 Decker, IN 47524	Self-employed	07-24-90	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance-Farm&Bonds		
	Aggregate Year-to-Date > \$ 550.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Richardson 336 E. Vermont Street, Apt.E Indianapolis, IN 46204	Indiana Department of Human Services	09-22-90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Commissioner		
	Aggregate Year-to-Date > \$ 350.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe & Tonya Dial 115 N. College P.O. Box 1337 Bloomington, IN 47402	Self-employed	09-22-90	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dial Insurance		
	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary & Paula Gerling P.O. Box 3203 Evansville, IN 47731	Self-employed	08-13-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tony & Terry Winkler 3306 Coker Avenue Evansville, IN 47715	*Best Effort: We request this information with every fundraising effort.	08-20-90	408.23
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 408.23		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justus P. White 2775 S. Quincy Street, Suite 520 Arlington, VA 22206	*Best Effort: We request this information with every fundraising effort.	08-06-90	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth W. Shields 127 Fourth Avenue Oakland City, IN 47660	Retired	08-13-90 09-11-90	100.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 250.00		

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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2358.23
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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NAME OF COMMITTEE (in Full)

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

00014137900

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owen & Janetta Snodgrass 2966 Bullocktown Road Boonville, IN 47601	Self-employed	09-18-90	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 270.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Kendall 396 Moose Hill Street Sharon, MA 02067	*Best Effort: We request this information with every fundraising effort.	08-30-90	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Lochmueller 516 E. Adams Chandler, IN 47610	Bernardin & Lochmueller Engineering	08-27-90 09-18-90	100.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Jolly 1919 Pennsylvania Ave. N.W. Washington, D.C. 20006	O'Conner & Hannan	07-03-90 07-03-90	250.00 28.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 278.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P. Louis & Alice Baker 15 Calle Belleza, Tucson, AZ 85716	*Best Effort: We request this information with fundraising effort.	09-05-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.J. McCormick III 2820 Decker Road Box 728 Vincennes, IN 47591	Self-employed	09-28-90	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Trucking Company	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 1348.00

TOTAL This Period (last page this line number only) ..... 3706.23

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)  
McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Nat'l League of Postmasters PAC 1023 North Royal Street Alexandria, VA 22314</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Richard Weinberg, Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 09-22-90</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-Date &gt; \$ 2800.00</p>			
<p><b>B. Full Name, Mailing Address and ZIP Code</b> United Parcel Service PAC Greenwich Office Park #5, Rm 240 Greenwich, CT 06830</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kenneth Schellie, Jr Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 09-22-90</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-Date &gt; \$ 2500.00</p>			
<p><b>C. Full Name, Mailing Address and ZIP Code</b> CWA-COPE 1925 K Street N.W., Suite 211 Washington, D.C. 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer James Booe, Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 09-28-90</p>	<p>Amount of Each Receipt this Period 2000.00</p>
<p>Aggregate Year-to-Date &gt; \$ 2000.00</p>			
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Responsible Citizens Political League 3 Research Place Rockville, MD 20850</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Donald Bobo, Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 09-22-90</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Aggregate Year-to-Date &gt; \$ 500.00</p>			
<p><b>E. Full Name, Mailing Address and ZIP Code</b> AFSCME PAC 1625 L Street N.W. Washington, D.C. 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer William Lucy, Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 09-11-90</p>	<p>Amount of Each Receipt this Period 5000.00</p>
<p>Aggregate Year-to-Date &gt; \$ 5000.00</p>			
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Laborers Political League 905 16th Street N.W. Washington, D.C. 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Arthur Coia, Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 07-19-90 07-19-90</p>	<p>Amount of Each Receipt this Period 1000.00 1500.00</p>
<p>Aggregate Year-to-Date &gt; \$ 3200.00</p>			
<p><b>G. Full Name, Mailing Address and ZIP Code</b> United Food &amp; Commercial Wrkr Active Ballot Club 1775 K Street N.W. Washington, D.C. 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Jerry Menapace, Treasurer</p> <p>Occupation</p>	<p>Date (month, day, year) 08-23-90</p>	<p>Amount of Each Receipt this Period 2500.00</p>
<p>Aggregate Year-to-Date &gt; \$ 3000.00</p>			
<p>SUBTOTAL of Receipts This Page (optional) .....</p>			<p>13500.00</p>
<p>TOTAL This Period (last page this line number only) .....</p>			<p></p>

90014137901

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 9  
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

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

90014137902

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Machinists Non-Partisan Political League 1300 Connecticut Avenue, N.W. Washington, D.C. 20036	Tom Ducey, Treasurer	07-27-90	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical PAC 1101 Vermont Avenue N.W. Washington, D.C. 20005	Kevin Walker, Treasurer	09-18-90	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W.-COPE 1125 15th Street N.W. Washington, D.C. 20005	Jack Moore, Treasurer	09-18-90	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Education Assn PAC 1201 16th Street N.W. Washington, D.C. 20036	Don Cameron, Treasurer	09-11-90	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lockheed Good Gov't Program PAC 4500 Part Granada Blvd. Calabasas, CA 913990610	Stephen Chaudet, Treasurer	08-20-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UAW V CAP 8000 E. Jefferson Detroit, MI 48214	Donald Mall, Treasurer	08-28-90	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Crystal Sugar PAC 101 North Third Street Moorhead, MN 56560	Gerald Underwood, Treasurer	09-18-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	21000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

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

90014137903

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Postal Workers Union AFL-CIO Committee on Political Action 1300 L Street N.W. Washington, D.C. 20005	CIO Patrick Nilan, Treasurer	07-11-90	2500.00
	Occupation	08-13-90	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 5000.00			
B. Full Name, Mailing Address and ZIP Code Credit Union Legislative Action Council PAC 805 Fifteenth Street NW, Suite 300 Washington, D.C. 200052207	Name of Employer Bruce Rouillard, Treasurer	Date (month, day, year) 09-05-90	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1300.00			
C. Full Name, Mailing Address and ZIP Code United Technologies PAC 1825 Eye Street NW, Suite 700 Washington, D.C. 20006	Name of Employer Donald Groce, Treasurer	Date (month, day, year) 08-20-90	Amount of Each Receipt this Period 1500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1500.00			
D. Full Name, Mailing Address and ZIP Code Nat'l Assn of Postmasters PAC 4212 King Street Alexandria, VA 223021595	Name of Employer Gerri Logan, Treasurer	Date (month, day, year) 09-11-90	Amount of Each Receipt this Period 500.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 1500.00			
E. Full Name, Mailing Address and ZIP Code Coal Miners Political Action Committee 900 15th Street NW Washington, D.C. 20005	Name of Employer John Banovic, Treasurer	Date (month, day, year) 09-18-90	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 4700.00			
F. Full Name, Mailing Address and ZIP Code Indiana Acre PAC 720 N. Highschool Road Indianapolis, IN 46244	Name of Employer Jeff Quyle, Treasurer	Date (month, day, year) 09-22-90	Amount of Each Receipt this Period 1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$1000.00			
G. Full Name, Mailing Address and ZIP Code Dairymen Special Political Agriculture Community Education 10140 Linn Station Road Louisville, KY 40223	Name of Employer Jeanine Murphy Treasurer	Date (month, day, year) 09-18-90	Amount of Each Receipt this Period 200.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$ 200.00			

SUBTOTAL of Receipts This Page (optional)	8800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 9

FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carpenter Legislative Improvement Committee 101 Constitution Avenue Washington, D.C. 20001	Wayne Pierce, Treasurer	08-13-90	3000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5500.00	
B. Full Name, Mailing Address and ZIP Code Building & Construction Trades Political Education Fund 815 16th Street NW, Rm 603 Washington, D.C. 20006	Leo C. Zeferetti, Treasurer	09-28-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code Nat'l Committee To Preserve Social Security PAC 2000 K Street NW, Suite 800 Washington, D.C. 20006	Dana Reed, Treasurer	09-18-90	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
D. Full Name, Mailing Address and ZIP Code Seafarers Political Activity 5201 Auth Way Camp Springs, MD 20746	Gerard DiPreta, Treasurer	09-18-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Nat'l Committee For An Effective Congress 507 Capitol Court N.E. Washington, D.C. 20002	James Byron, Treasurer	09-28-90	500.00 Inkind
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4000.00	
F. Full Name, Mailing Address and ZIP Code IUD Voluntary Fund 815 16th Street N.W. Washington, D.C. 20006	Elmer Chatak, Treasurer	07-24-90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code I.U.E. Local 808 COPE HARD 2333 Bergdolt Road Evansville, IN 47711	Charles Stephens Treasurer	07-24-90	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 150.00	
SUBTOTAL of Receipts This Page (optional) .....			7300.00
TOTAL This Period (last page this line number only) .....			

90014137901



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 9  
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

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

90014137905

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheet Metal Workers Political Action League 1750 New York Avenue NW Washington, D.C. 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lonnie Bassett, Treasurer	09-11-90	5000.00
Aggregate Year-to-Date > \$ 7500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Federation of Teachers Committee on Political Education 555 New Jersey Avenue NW Washington, D.C. 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Robert Porter, Treasurer	09-28-90 09-28-90	2500.00 P 5000.00 G
Aggregate Year-to-Date > \$ 8500.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.A. Political Education Committee 901 Massachusetts Avenue NW Washington, D.C. 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Charles Habig, Treasurer	09-28-90	1000.00
Aggregate Year-to-Date > \$ 1500.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IN Savings Assn Committee on Public Affairs PAC 601 Union Federal Bldg Indianapolis, IN 46204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Richard McKasson, Treasurer	08-27-90	500.00
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LTV Aerospace & Defense Active Citizenship Campaign PAC P.O. Box 650003 Dallas, TX 75265 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	R. Turney, Treasurer	08-20-90	500.00
Aggregate Year-to-Date > \$ 1000.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Blue Cross/Blue Shield of IN PAC 120 W. Market Street Indianapolis, IN 46204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Patrick Sheridan, Treasurer	09-22-90	200.00
Aggregate Year-to-Date > \$ 200.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Steelworkers PAF 5 Gateway Center Pittsburgh, PA 15222 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	James McGeehan, Treasurer	07-24-90	3000.00
Aggregate Year-to-Date > \$ 3000.00			

SUBTOTAL of Receipts This Page (optional)	17700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 9

FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

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

00014133906

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l Chemical Workers Union Voluntary LIVE PAC 1655 W. Market Street Akron, OH 44313	Jerome Levine, Treasurer	09-22-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code Nat'l Federation of Federal Employees Public Affairs Council PAC 1016 16th Street NW Washington, D.C. 20036	Joshua Neiman, Treasurer	09-05-90	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 150.00	
C. Full Name, Mailing Address and ZIP Code Nat'l Post Office Mail Handlers PAC 1225 19th Street NW, Suite 450 Washington, D.C. 20036	Paulette Best, Treasurer	09-18-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
D. Full Name, Mailing Address and ZIP Code Assn of Trial Lawyers PAC 1050 31st Street NW Washington, D.C. 20007	Joan Pollitt, Treasurer	08-23-90	2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$2500.00	
E. Full Name, Mailing Address and ZIP Code Martin Marietta PAC 6801 Rockledge Drive Bethesda, MD 20817	K.K. Bigelow, Treasurer	09-11-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code NBWA PAC 5205 Leesburg Pike, Suite 505 Falls Church, VA 22041	Ronald Rumbaugh, Treasurer	09-22-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code INOPAC One Indiana Square Indianapolis, IN 46266	Barbara Zepperman, Treasurer	09-22-90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
SUBTOTAL of Receipts This Page (optional) .....			5400.00
TOTAL This Period (last page this line number only) .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 9  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

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

90014133907

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Sugarbeet Growers PAC 1156 15th Street NW #1020 Washington, D.C. 20005	Luther Markwart, Treasurer	09-18-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CarePAC 655 15th Street NW, Suite 350 Washington, D.C. 20005	Steve Ricchetti, Treasurer	09-22-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Preston, Thorgrimson, Ellis, Holman Political Action Committee 1735 N.Y. Avenue NW, Suite 500 Washington, D.C. 20006	Rosanne Phillips, Treasurer	08-06-90	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Transportation Workers Political Contributions Committee 80 West End Avenue 5th Floor New York, NY 10023	Charles Faluding, Treasurer	07-27-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Assn of American Publishers PAC 1718 Connecticut Avenue NW Washington, D.C. 20009	Diane Rennert, Treasurer	09-11-90	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Advo System, Inc. PAC 239 West Service Road Hartford, CT 06101	Joyce Lowenstein, Treasurer	09-22-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glass, Molders, Pottery, Plastics, Int'l Union PAC 608 E. Baltimore Pike Box 607 Media, PA 19063	Frank Carter, Treasurer	07-19-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000.00	
<b>SUBTOTAL of Receipts This Page (optional)</b>			4700.00
<b>TOTAL This Period (last page this line number only)</b>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 9  
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

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

90014137908

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1st Congressional District Committee 4859 South Wabash Avenue Chicago, IL 60615	Charles Hayes Treasurer Occupation	08-06-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The Chalos Committee P.O. Box 1527 Terre Haute, IN 47808	Eric Frey Treasurer Occupation	08-23-90	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Multi-issue Political Action Committee 303 Charal Lane Chicago, IL 60035	Ronald B. Oppen Treasurer Occupation	08-23-90	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RRBH & K Good Gov't Committee 1575 Eye Street Washington, D.C. 20005	Thomas Connaughton, Treasurer Occupation	09-05-90	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Desert Caucus PAC 5860 N. Camino Isidoro Tucson, AZ 85718	Irene Sarver, Treasurer Occupation	09-05-90	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federal Express PAC 2005 Corporate Avenue Memphis, TN 38132	Kenneth Masterson, Treasurer Occupation	09-22-90	5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Golden Rule Financial Corp PAC 7440 Woodland Drive Indianapolis, IN 46278	John Siefert, Treasurer Occupation	09-22-90	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTAL of Receipts This Page (optional) ..... 12500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule (if any) for each category of item. Detailed Summary Page

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NAME OF COMMITTEE (in Full)

McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN47402 #100188

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Star Route Nail Contractors 324 East Capitol Street, N.E. Washington, DC	Dale Foreman Treasurer	09/22/90	1500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Indiana Michigan Power Co. IMCAP P.O. Box 60 Fort Wayne, IN	Bill D'Onofrio Treasurer	09/22/90	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....	1750.00
TOTAL This Period (last page this line number only) .....	92650.00

9001A137909

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 14

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Warrick County Democratic Central Committee 1533 Dogwood Lane Boonville, IN 47601	IDEA Reception	08/27/90	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional) .....			
TOTAL This Period (last page this line number only) .....			300.00

90014133910

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bloomington National Bank P.O. 549 Bloomington, IN 47402	Interest	07/31/90	426.33
		08/31/90	549.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/30/90	642.71
Aggregate Year-to-Date > \$ 4318.32			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

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

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

1618.48

90714133911

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT & T P.O. Box 85950 Louisville, KY 40285	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-10-90 08-14-90 09-10-90	998.00 1.72 30.10
B. Full Name, Mailing Address and ZIP Code AT & T P.O. Box 85950 Louisville, KY 40285	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-22-90	853.69
C. Full Name, Mailing Address and ZIP Code Axelrod & Associates 730 N. Franklin, Suite 404 Chicago, IL 60610	Consulting Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-10-90	10,841.45
D. Full Name, Mailing Address and ZIP Code Axelrod & Associates 730 N. Franklin, Suite 404 Chicago, IL 60610	Media Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-20-90	80,865.00
E. Full Name, Mailing Address and ZIP Code Bill Laudeman 2600 S. Ruston Avenue Evansville, IN 47714	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-29-90 09-27-90	437.74 437.44
F. Full Name, Mailing Address and ZIP Code Bill Laudeman 2600 S. Ruston Avenue Evansville, IN 47714	Travel/Phone Expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-10-90 09-27-90	59.10 74.03
G. Full Name, Mailing Address and ZIP Code Bloomington Nat'l Bank P.O. Box 549 Bloomington, IN 47402	Federal Tax Deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-27-90 08-29-90 09-27-90	1465.25 1868.65 1554.00
H. Full Name, Mailing Address and ZIP Code Bloomington Office Supply P.O. Box 528 Bloomington, IN 47402	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-02-90 09-10-90 09-22-90	31.72 6.47 14.67
I. Full Name, Mailing Address and ZIP Code Burkert Walton 601 W. Eichel Evansville, IN 47710	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-14-90 09-20-90	446.25 84.00
<b>TOTAL of Disbursements This Page (optional) .....</b>			100,069.28
<b>TOTAL This Period (last page this line number only) .....</b>			



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Travel 336 Pennsylvania Avenue S.E. Washington, D.C. 20003	Travel Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-26-90	670.00
CitizensRealty P.O. Box 99 Evansville, IN 47701	Headquarters Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-23-90 09-10-90	300.00 300.00
Cooper & Secrest 228 S. Washington St., Suite 330 Alexandria, VA 22314	Polling Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-26-90 09-08-90 09-10-90	17.00 7200.00 50.00
David Ramage U.S. House of Representatives Room WA29 Rayburn Building Washington, D.C. 20515	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-22-90	412.00
Democratic Club 30 Ivy Street S.E. Washington, D.C. 20515	Reception Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-02-90	37.63
Democratic Congressional Victory Fund P.O. Box 3366 Indianapolis, IN 46204	Voter I.D. Phone Bank Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-11-90	10,000.00
Diners Club P.O. Box 6002 The Lakes, Nevada 88901	Travel/Food Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-02-90	129.53
Don Sattler 1107 S. Weimer Road Bloomington, IN 47403	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-27-90 08-29-90 09-27-90	1949.91 1949.91 1943.40
Don Sattler 1107 S. Weimer Road Bloomington, IN 47403	Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-16-90	162.47
<b>TOTAL of Disbursements This Page (optional)</b> .....			25,121.85
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 17

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Don Sattler 1107 S. Weimer Road Bloomington, IN 47403	Travel Expenses Reimbursement	09-05-90	981.11
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	08-01-90	333.60
	<input type="checkbox"/> Other (specify)	09-27-90	1506.68
Don Sattler 1107 S. Weimer Road Bloomington, IN 47403	Phone Reimbursement	08-01-90	141.19
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	09-05-90	57.94
	<input type="checkbox"/> Other (specify)		
French Lick Springs Hotel French Lick, IN 47432	Travel Expense	08-25-90	196.92
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Frank McCloskey 3711 E. Ramp Creek Smithville, IN 47458	Travel Expense Reimbursement	07-11-90	60.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	08-06-90	30.00
	<input type="checkbox"/> Other (specify)		
House Restaurant Administration B361 Rayburn HOB Washington, D.C. 20515	Travel/Food	07-02-90	145.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	09-22-90	357.23
	<input type="checkbox"/> Other (specify)		
Internal Revenue Service Memphis, TN	Taxes	07-02-90	47.39
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Indiana Department of Revenue Indianapolis, IN 46204	2nd Quarter Taxes	07-18-90	449.87
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Indiana Bell 220 N. Meridian, Room 795 Indianapolis, IN 46204	Telephone	07-11-90	258.99
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	09-22-90	875.97
	<input type="checkbox"/> Other (specify)	08-14-90	234.35
Indiana Bell 220 N. Meridian, Room 795 Indianapolis, IN 46204	Deposit	07-02-90	549.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

<b>TOTAL</b> of Disbursements This Page (optional) .....	6,225.49
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 8  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Bell 220 N. Meridian, Room 795 Indianapolis, IN 46204	Phone Bank	09-29-90	2759.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Jackie Burris 1120 W. 20th Bloomington, IN 47404	Travel Expenses	08-20-90	65.52
	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-11-90	70.44
Jackie Burris 1120 W. 20th Bloomington, IN 47404	Salary	07-27-90	703.66
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-29-90 09-27-90	703.66 298.40
Katherine Startin R.R. 2 Box 141 Velpen, IN 47590	Travel Expense	07-09-90	175.30
	Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Katherine Startin R.R. 2 Box 141 Velpen, IN 47590	Salary	07-27-90	1153.08
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-29-90 09-27-90	1153.08 779.83
Katherine Startin R.R. 2 Box 141 Velpen, IN 47590	Phone Reimbursement	07-25-90	167.05
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-30-90	211.95
Katherine Startin R.R. 2 Box 141 Velpen, IN 47590	Mileage/Travel	07-25-90	586.80
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-30-90	391.20
Killion Office Products P.O. Box 482 Washington, IN 47501	Copier Rental	07-02-90	110.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-11-90 08-14-90	90.00 200.00
Killion Office Products P.O. Box 482 Washington, IN 47501	Copier Rental	09-10-90	200.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

**TOTAL of Disbursements This Page (optional)** ..... 9,618.97

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Killion Office Products P.O. Box 482 Washington, IN 47501	Supplies	07-30-90	69.93
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Kroger Grocery Jackson Creek Shopping Center Bloomington, IN 47401	Food-Fundraiser Expenses	08-06-90	81.50
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	08-06-90	18.61
	<input type="checkbox"/> Other (specify)	08-08-90	30.09
C. Full Name, Mailing Address and ZIP Code Kroger Grocery Jackson Creek Shopping Center Bloomington, IN 47401	Fundraiser Expense- Food	07-17-90	59.10
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Marty Anderson Design 924 Pennsylvania Ave. S.E. Washington, DC 20003	Brochure	09-10-90	498.20
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Max Fulk Wholesale 421 W.6th Street Bloomington, IN 47401	Supplies/Parades	07-02-90	75.60
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	08-06-90	36.40
	<input type="checkbox"/> Other (specify)	08-13-90	18.00
F. Full Name, Mailing Address and ZIP Code Max Fulk Wholesale 421 W.6th Street Bloomington, IN 47401	Supplies/Parades	08-20-90	45.10
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	09-22-90	25.09
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Melinda Plaisier 3617 Post Road Bloomington, IN 47408	Salary	07-27-90	543.46
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	08-29-90	543.46
	<input type="checkbox"/> Other (specify)	09-27-90	541.66
H. Full Name, Mailing Address and ZIP Code Melinda Plaisier 3617 Post Road Bloomington, IN 47408	Stamps Reimbursement	09-11-90	250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	09-05-90	428.58
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Melinda Plaisier 3617 Post Road Bloomington, IN 47408	Phone Reimbursement	08-27-90	21.77
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	07-24-90	60.42
	<input type="checkbox"/> Other (specify)		

TOTAL of Disbursements This Page (optional) .....	3,346.97
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 8  
FOR LINE NUMBER 17

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**NAME OF COMMITTEE (In Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Melinda Plaisier 3617 Post Road Bloomington, IN 47408	Travel Expense	07-24-90	98.50
	Reimbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	08-27-90	25.68
Office Depot 1380 N. Green River Road Evansville, IN 47715	Supplies	07-31-90	68.86
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	08-10-90 08-23-90	52.01 97.69
PR Promotions P.O. Box 34407 Bethesda, MD 20817	Bumper Stickers	07-02-90	32.40
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
RJ Phelps/David Hilliard P.O. Box 1311 Bloomington, IN	Headquarters Rent	07-11-90	275.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	08-01-90 08-14-90	250.00 25.00
R.J. Phelps/David Hilliard P.O. Box 1311 Bloomington, IN 47402	Headquarters Rent	09-05-90	275.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		
R.J. Phelps/David Hilliard P.O. Box 1311 Bloomington, IN 47402	Headquarters Utilities	07-11-90	26.98
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	08-14-90 09-10-90	176.62 171.64
Ramsey Poston 1166 Judson, Apt.C Evansville, IN 47713	Travel Expenses	09-10-90	466.61
	Reimbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	09-27-90	148.29
Ramsey Poston 1166 Judson, Apt.C Evansville, IN 47713	Salary	08-29-90	261.94
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	09-27-90	261.94
Ricki Jo Hoffman 1056 Madison Evansville, IN 47713	Rent & Utilities	09-10-90	230.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)		

**TOTAL of Disbursements This Page (optional)** ..... 2,944.16

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rob Deppert 1354 College Mall Road Bloomington, IN 47401	Salary	08-29-90	772.99
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-27-90	772.99
B. Full Name, Mailing Address and ZIP Code Sidney Sander 214 W. 4th Street Bloomington, IN 47401	Photographic Service	07-02-90	260.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-14-90 09-10-90	43.50 454.92
C. Full Name, Mailing Address and ZIP Code Sigeco 20 N.W. 4th Street Evansville, IN 47741	Headquarters Utilities	09-10-90	231.15
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Tami Shake 3867 Beecher Street N.W. Washington, D.C. 20007	Supplies	07-26-90	50.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Tami Shake 3367 Beecher Street N.W. Washington, D.C. 20007	Expenses Reception Reimbursement	07-27-90	100.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code U.S. Postmaster Bloomington, IN 47401	Postage	07-06-90	200.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-06-90 07-11-90 07-13-90	58.75 254.57 5.20
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster Bloomington, IN 47401	Postage	07-16-90	125.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-18-90 07-18-90 07-18-90	11.80 11.65 59.50
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster Bloomington, IN 47401	Postage	07-21-90	4.30
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-28-90 08-01-90 08-06-90	103.25 350.00 30.00
I. Full Name, Mailing Address and ZIP Code U.S. Postmaster Bloomington, IN 47401	Postage	08-13-90	58.75
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-13-90 08-15-90 08-20-90	36.77 75.00 100.75

**UBTOTAL of Disbursements This Page (optional)** ..... 4,170.84

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE 8 OF 8  
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**NAME OF COMMITTEE (in Full)**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Bloomington, IN 47401	Postage	08-23-90	101.75
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-23-90 09-05-90 09-19-90	125.00 150.00 500.00
B. Full Name, Mailing Address and ZIP Code U.S. Postmaster Bloomington, IN 47401	Purpose of Disbursement Postage	Date (month, day, year) 09-15-90 09-20-90	Amount of Each Disbursement This Period 100.00 109.65
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Vanderburgh County Democratic Central Committee 1400 Lincoln Ave. Evansville, IN 47714	Purpose of Disbursement Brochures	Date (month, day, year) 09-02-90	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Nat'l Committee For An Effective Congress 507 Capitol Court N.E. Washington, D.C. 20002	Purpose of Disbursement Targeting	Date (month, day, year) 09-28-90	Amount of Each Disbursement This Period 500.00 In kind
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....			4086.40
<b>TOTAL</b> This Period (last page this line number only) .....			151,479.56

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
French Lick Springs Hotel French Lick, IN	8th District Reception Expenses	08-24-90	1443.31
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08-25-90	217.80
	<input type="checkbox"/> Other (specify)	08-25-90	119.19
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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

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

1780.30



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

**DEBTS AND OBLIGATIONS**  
Excluding Loans

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

Name of Committee (in Full) #100188 McCloskey For Congress Committee P.O. Box 70, Bloomington IN47402	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>A. Full Name, Mailing Address and Zip Code of Debtor or Creditor</b> Don Sattler 1107 S. Weimer Road Bloomington, IN 47408	12,900.27	0.00	5843.22	7057.05
<b>Nature of Debt (Purpose):</b> Salary				
<b>B. Full Name, Mailing Address and Zip Code of Debtor or Creditor</b> Katherine Startin R.R. 2, Box 141 Velpen, IN 47590	5,524.76	0.00	3085.99	2438.77
<b>Nature of Debt (Purpose):</b> Salary				
<b>C. Full Name, Mailing Address and Zip Code of Debtor or Creditor</b> Axelrod & Associates 730 N. Franklin Chicago, IL60610	20,000.00	0.00	10,841.45	9158.55
<b>Nature of Debt (Purpose):</b> Consulting Fee				
<b>D. Full Name, Mailing Address and Zip Code of Debtor or Creditor</b> Killion Office Products 14 S.E. 5th Washington, IN 47501	450.00	0.00	600.00 Paid because rental of two copiers.	0.00
<b>Nature of Debt (Purpose):</b>				
<b>E. Full Name, Mailing Address and Zip Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>F. Full Name, Mailing Address and Zip Code of Debtor or Creditor</b>				
<b>Nature of Debt (Purpose):</b>				
<b>1) SUBTOTALS This Period This Page (optional)</b> .....				18654.37
<b>2) TOTAL This Period (last page this line only)</b> .....				18654.37
<b>3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)</b> .....				0.00
<b>4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)</b> .....				18654.37

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