

**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

Friends of Mike Sodrel

ADDRESS (number and street)
▼

702 N Shore Drive

☐Check if different
than previously
reported. (ACC)

Suite 500

Jeffersonville

IN

47130

3104

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00387399

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

IN

09

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

07

01

2008

through

09

30

2008

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

Gregory M. Fitzloff

Signature of Treasurer Electronically Filed by Gregory M. Fitzloff

Date

10

30

2008

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Mike Sodrel

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 8

	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)).....	177387.86	813218.64
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	6025.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	177387.86	807193.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	292063.23	717832.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	73.20	27506.32
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	291990.03	690326.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	263642.79	
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).....	238320.00	

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 12/2003)

Page 3

Write or Type Committee Name
Friends of Mike Sodrel

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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).....

110021.63

521900.27

(ii) Unitemized.....

37966.23

108856.33

(iii) TOTAL of contributions

147987.86

630756.60

from individuals..... ▶

9500.00

19500.00

(b) Political Party Committees.....

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

19900.00

158362.04

0.00

4600.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

177387.86

813218.64

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

1118.26

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.).....

73.20

27506.32

15. OTHER RECEIPTS

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

1566.20

2887.58

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

179027.26

844730.80

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	292063.23	717832.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	1000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2680.00	11680.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2680.00	11680.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	3025.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6025.00
21. OTHER DISBURSEMENTS.....	0.00	609.55
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	294743.23	737146.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	379358.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	179027.26
25. SUBTOTAL (add Line 23 and Line 24).....	558386.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	294743.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	263642.79

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

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

FOR LINE NUMBER: PAGE 5 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Connie Alyea

Mailing Address 2033 Winton Avenue

City

Indianapolis

State

IN

Zip Code

46224-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Medical Research Technician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: A-C13325

Amount of Each Receipt this Period

100.00

Ind Contr-Earmarked thru
Slatecard.com P

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

B.

Full Name (Last, First, Middle Initial)

Mr. Doug Bowen

Mailing Address 7800 N Illinois Street

City

Indianapolis

State

IN

Zip Code

46260-3663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bowen Engineering

Occupation

President

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
07 / 07 / 2008

Transaction ID: A-C13302

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. William H. Davis

Mailing Address 524 N Capitol Avenue

City

Corydon

State

IN

Zip Code

47112-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis & Davis & Layson

Occupation

Attorney

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
07 / 07 / 2008

Transaction ID: A-C13328

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Richard S. Griffith

Mailing Address 3417 Milam Street

City

Houston

State

TX

Zip Code

77002-9531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Investor

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C13303

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Will Koch

Mailing Address PO Box 356

City

Santa Claus

State

IN

Zip Code

47579-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holiday World & Splashin
Safari

Occupation

President & General Manager

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C13304

Amount of Each Receipt this Period

2300.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Patricia H. McClain

Mailing Address 384 McClain Ave

City

Scottsburg

State

IN

Zip Code

47170

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: A-C13308

Amount of Each Receipt this Period

200.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Patrick M. Murray

Mailing Address 1627 N Shea Road

City

Lexington

State

IN

Zip Code

47138-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer
National College

Occupation
Instructor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: A-C13310

Amount of Each Receipt this Period

23.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Judy Simpson

Mailing Address 5815 New Chapel Road

City

Jeffersonville

State

IN

Zip Code

47130-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

773.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: A-C13309

Amount of Each Receipt this Period

23.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Joyce Campbell

Mailing Address 2497 E Harrod Road

City

Austin

State

IN

Zip Code

47102-8332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Auto Sales

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2008

Transaction ID: A-C13357

Amount of Each Receipt this Period

200.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

246.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. Robert R. Canida

Mailing Address 906 Fillmore Street

City

Madison

State

IN

Zip Code

47250-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dentist

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 7 / 0 8 / 2 0 0 8

Transaction ID: A-C13341

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Dr. Eli R. Hallal

Mailing Address 109 Brandywynne Lane

City

New Albany

State

IN

Zip Code

47150-5404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

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 7 / 0 8 / 2 0 0 8

Transaction ID: A-C13352

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Phillip R. Leibering

Mailing Address 9137 E County Road 1300 N

City

Lamar

State

IN

Zip Code

47550-7371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leibering & Sons

Occupation

Farmer

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 7 / 0 8 / 2 0 0 8

Transaction ID: A-C13355

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis C. Ott

Mailing Address 1525 Golf Hill Road

City

Jeffersonville

State

IN

Zip Code

47130-7914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dennis Ott & Company

Occupation
Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: A-C13366

Amount of Each Receipt this Period

230.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Suzanne B. Ward

Mailing Address 2424 Cedarwood Drive

City

Madison

State

IN

Zip Code

47250-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 7 / 0 8 / 2 0 0 8

Transaction ID: A-C13351

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Alvetta S. Bryant

Mailing Address 5707 Salem Noble Road

City

Charlestown

State

IN

Zip Code

47111-8721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iris Hills Farm

Occupation
Farmer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1130.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: A-C13554

Amount of Each Receipt this Period

130.63

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

460.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. David W. Evanczyk

Mailing Address 204 Church Street

City

Jeffersonville

State

IN

Zip Code

47130-9411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Builders

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: A-C13386

Amount of Each Receipt this Period

230.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. LaGrange

Mailing Address 3013 Callaway Drive

City

Jeffersonville

State

IN

Zip Code

47130-7527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: A-C13384

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. John M. Mutz

Mailing Address 8128 Dean Road

City

Indianapolis

State

IN

Zip Code

46240-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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
0 7 / 0 9 / 2 0 0 8

Transaction ID: A-C13392

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Ribar

Mailing Address 9328 Springbrooke Circle

City

Louisville

State

KY

Zip Code

40241-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 7 / 0 9 / 2 0 0 8

Transaction ID: A-C13391

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Wyckoff

Mailing Address 2732 Baywater Court

City

Greenwood

State

IN

Zip Code

46143-7166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pregnancy Care Ctr Morgan

Occupation

Volunteer

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 7 / 0 9 / 2 0 0 8

Transaction ID: A-C13396

Amount of Each Receipt this Period

100.00

Ind Contr-Earmarked thru
Slatecard.com P

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Joyce Campbell

Mailing Address 2497 E Harrod Road

City

Austin

State

IN

Zip Code

47102-8332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Auto Sales

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: A-C13423

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Ellen K. Hecker

Mailing Address 17103 Knob Stone Drive

City

Henryville

State

IN

Zip Code

47126-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

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 7 / 1 1 / 2 0 0 8

Transaction ID: A-C13434

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Hecker

Mailing Address 17103 Knob Stone Drive

City

Henryville

State

IN

Zip Code

47126-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: A-C13684

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Cora J. Murphy

Mailing Address 3707 W State Road 56

City

Scottsburg

State

IN

Zip Code

47170-7580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Farmer

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 7 / 1 1 / 2 0 0 8

Transaction ID: A-C13422

Amount of Each Receipt this Period

100.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Rogers

Mailing Address 3706 S Underwood Road

City

Scottsburg

State

IN

Zip Code

47170-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: A-C13419

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Grover Stacey

Mailing Address 3584 N Whitsett Road

City

Austin

State

IN

Zip Code

47102-8443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Excavating / Paving

Receipt For: 2008

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: A-C13420

Amount of Each Receipt this Period

200.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. David E. Adams

Mailing Address 516 Mulberry Street

City

Madison

State

IN

Zip Code

47250-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Madison

Occupation

Clerk Treasurer

Receipt For: 2008

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: A-C13446

Amount of Each Receipt this Period

300.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Lana Aebersold

Mailing Address 1202 Aebersold Drive

City

New Albany

State

IN

Zip Code

47150-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aebersold Florist

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: A-C13458

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Albert G. Huntington

Mailing Address 226 Fairmount Drive

City

Madison

State

IN

Zip Code

47250-3239

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Madison

Occupation

Mayor

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
0 7 / 1 4 / 2 0 0 8

Transaction ID: A-C13444

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Ms. Helen L. Marshall

Mailing Address 827 Susan Avenue

City

Woodstock

State

VA

Zip Code

22664-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: A-C13460

Amount of Each Receipt this Period

50.00

Ind Contr-Conduit thru Cl-
ub for Growth P

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Cora J. Murphy

Mailing Address 3707 W State Road 56

City

Scottsburg

State

IN

Zip Code

47170-7580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Farmer

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 7 / 1 4 / 2 0 0 8

Transaction ID: A-C13459

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Helen L. Marshall

Mailing Address 827 Susan Avenue

City

Woodstock

State

VA

Zip Code

22664-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: A-C13480

Amount of Each Receipt this Period

50.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Beverly A. Padgett

Mailing Address 2706 French Creek Drive

City

New Albany

State

IN

Zip Code

47150-9140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: A-C13484

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Jeannie Unruh

Mailing Address 2011 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mac Construction

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: A-C13490

Amount of Each Receipt this Period

1300.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Victor O. Unruh

Mailing Address 2011 Spring Farms Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mac Construction

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: A-C13489

Amount of Each Receipt this Period

2300.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert K. Vaughn

Mailing Address 2539 Saratoga Drive

City

Louisville

State

KY

Zip Code

40205-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Distributors

Occupation

Owner

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
0 7 / 1 8 / 2 0 0 8

Transaction ID: A-C13488

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. David Aebersold

Mailing Address 1202 Aebersold Drive

City

New Albany

State

IN

Zip Code

47150-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aebersold Florist

Occupation

Owner

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
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-C13498

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Regina Berkheimer

Mailing Address 860 Kingsview Drive

City

Zanesville

State

OH

Zip Code

43701-7478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert McNeff, Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-C13504

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Dr. Bradley C. Black

Mailing Address 33 Hilltop Road

City

Floyds Knobs

State

IN

Zip Code

47119-9726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eye Assoc of Southern IN

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: A-C13502

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Gerald W. Clapp, Jr.

Mailing Address 4027 Doe Creek Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clapp Volkswagon

Occupation

Owner

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	7		2	1		2	0	0	8

Transaction ID: A-C13500

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Phyllis E. Garmon

Mailing Address 5083 Charlestown Crossing Way

City

New Albany

State

IN

Zip Code

47150-9391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wooded Glenn Retreat & Co-
nf Center

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	8

Transaction ID: A-C13499

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Robert J. Geswein

Mailing Address PO Box 389

City

Floyds Knobs

State

IN

Zip Code

47119-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrison County REMC

Occupation

Energy Services

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	8

Transaction ID: A-C13506

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. W. August Hillenbrand

Mailing Address 334 N Huntersville Road

City

Batesville

State

IN

Zip Code

47006-9202

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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	7	/	2	2	/	2	0	0	8

Transaction ID: A-C13507

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Kimberly S. Baker

Mailing Address 6005 Mariners Trail

City

Charlestown

State

IN

Zip Code

47111-8757

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

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	7	/	2	3	/	2	0	0	8

Transaction ID: A-C13516

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Joseph H. Moore

Mailing Address PO Box 5132

City

Sun City West

State

AZ

Zip Code

85376-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	8

Transaction ID: A-C13514

Amount of Each Receipt this Period

200.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Marvin L. Clark

Mailing Address 215 E Oak Drive

City

Salem

State

IN

Zip Code

47167-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 7 / 2 4 / 2 0 0 8

Transaction ID: A-C13542

Amount of Each Receipt this Period

300.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Darwin B. Harting

Mailing Address 11020 E Fitzpatrick Lane

City

Pekin

State

IN

Zip Code

47165-8437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Ordinance Works

Occupation

President/CEO

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C13534

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Roger B. Jean

Mailing Address 101 W Robin Way

City

Salem

State

IN

Zip Code

47167-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jean's Extrusion

Occupation

Business Owner

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C13539

Amount of Each Receipt this Period

600.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John E. Jones

Mailing Address PO Box 323

City

Salem

State

IN

Zip Code

47167-0323

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Jones Chevrolet

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

Transaction ID: A-C13537

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Journell

Mailing Address 1937 N Sparks Ferry Road

City

Salem

State

IN

Zip Code

47167-8918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem True Value

Occupation

Retail Sales

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	8

Transaction ID: A-C13541

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Donovan J. Mahuron

Mailing Address 108 Virginia Avenue

City

Salem

State

IN

Zip Code

47167-9115

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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	7		2	4		2	0	0	8

Transaction ID: A-C13538

Amount of Each Receipt this Period

300.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. Mark E. Manship

Mailing Address 2891 E Plantation Drive

City

Salem

State

IN

Zip Code

47167-7670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manship & Associates

Occupation

Physician

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
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C13544

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Lori McCarter

Mailing Address 3006 E Lobo Ridge

City

New Albany

State

IN

Zip Code

47150-9596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Airlines

Occupation

Flight Attendant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C13525

Amount of Each Receipt this Period

2300.00

Ind Contr-Earmarked thru
Slatecard.com P

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

C.

Full Name (Last, First, Middle Initial)

Truman McCarter

Mailing Address 3006 E Lobo Ridge

City

New Albany

State

IN

Zip Code

47150-9596

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: A-C13524

Amount of Each Receipt this Period

2300.00

Ind Contr-Earmarked thru
Slatecard.com P

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

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Jeff Ollier

Mailing Address 1552 E Legion Road

City

Batesville

State

IN

Zip Code

47006-7127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ollier Masonry Inc.

Occupation

Mason

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	8

Transaction ID: A-C13522

Amount of Each Receipt this Period

1500.00

Ind Contr-Earmarked thru
Slatecard.com P
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Strange

Mailing Address 111 Oakwood Drive

City

Salem

State

IN

Zip Code

47167-9203

FEC ID number of contributing
federal political committee.

C

Name of Employer
True Value Hardware Store

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	8

Transaction ID: A-C13540

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Jamey Noel

Mailing Address 5210 Idledice

City

Jeffersonville

State

IN

Zip Code

47130-8625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana State Police

Occupation

Senior Trooper

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	0	8

Transaction ID: A-I14463

Amount of Each Receipt this Period

1100.00

Inkind: Advertising

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

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. David J. Reinhardt

Mailing Address 3003 Old Tay Bridge

City

Jeffersonville

State

IN

Zip Code

47130-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunnyside Realty, Inc.

Occupation
Developer

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 7 / 2 5 / 2 0 0 8

Transaction ID: A-C13547

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Donna S. Reinhardt

Mailing Address 3003 Old Tay Bridge

City

Jeffersonville

State

IN

Zip Code

47130-8651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Business Owner

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 7 / 2 5 / 2 0 0 8

Transaction ID: A-C13548

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Patricia H. Brown

Mailing Address 319 Kettle Bottom Road

City

New Washington

State

IN

Zip Code

47162-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: A-C13612

Amount of Each Receipt this Period

200.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Terry Cottongim

Mailing Address 142 E Eastern Hills Boulevard

City

Salem

State

IN

Zip Code

47167-9719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Construction

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: A-C13631

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Robert A. Hitzke

Mailing Address PO Box 1973

City

Nashville

State

IN

Zip Code

47448-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 8

Transaction ID: A-C13619

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Gary K. Jones

Mailing Address 3209 Magnolia Court

City

Sellersburg

State

IN

Zip Code

47172-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

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
0 7 / 2 9 / 2 0 0 8

Transaction ID: A-C13613

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary Louise Miller

Mailing Address 16 Stone Camp Trail

City

Winona Lake

State

IN

Zip Code

46590-1600

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

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 7 / 2 9 / 2 0 0 8

Transaction ID: A-C13611

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Jack V. Pitts

Mailing Address PO Box 205

City

Scottsburg

State

IN

Zip Code

47170-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vail Lumber Co.

Occupation

Owner

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
0 7 / 2 9 / 2 0 0 8

Transaction ID: A-C13630

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Tina Duncan

Mailing Address PO Box 157

City

Borden

State

IN

Zip Code

47106-0157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

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
0 7 / 3 1 / 2 0 0 8

Transaction ID: A-C13639

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. William M. Oliver

Mailing Address 2600 W Delap Road

City

Bloomington

State

IN

Zip Code

47404-9516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oliver Winery

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: A-C13638

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Richard E. Thielen

Mailing Address 1205 S Halvorson Street

City

Redwood Falls

State

MN

Zip Code

56283-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thielen Bus Lines, Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: A-C13642

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. John R. Edgeworth

Mailing Address 9397 Midnight Pass Road
Apt. 906S

City

Sarasota

State

FL

Zip Code

34242-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: A-C13656

Amount of Each Receipt this Period

200.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Goecker

Mailing Address 6889 E County Road 900 N

City

Seymour

State

IN

Zip Code

47274-8108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goecker Construction

Occupation

Business Owner

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 8 / 0 1 / 2 0 0 8

Transaction ID: A-C13652

Amount of Each Receipt this Period

200.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Jerrol Z. Miles

Mailing Address 1915 Windy Creek Way

City

New Albany

State

IN

Zip Code

47150-9667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milestone Realty Group LLC

Occupation

Realtor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: A-C13658

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Dorcas A. Ruddick

Mailing Address 604 Beech Street

City

Seymour

State

IN

Zip Code

47274-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

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 8 / 0 1 / 2 0 0 8

Transaction ID: A-C13644

Amount of Each Receipt this Period

300.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Jean C. Warkentin

Mailing Address 1520 E Dunstan Drive

City

Bloomington

State

IN

Zip Code

47401-8799

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: A-C13653

Amount of Each Receipt this Period

225.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Rhoda Bell

Mailing Address 6000 Royal Marco Way
Unit 645

City

Marco Island

State

FL

Zip Code

34145-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

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
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13671

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Joyce R. Brown

Mailing Address 3623 Hickory Ridge NE

City

Georgetown

State

IN

Zip Code

47122-7781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stock Yards Bank

Occupation

Banker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13665

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Linda L. Brown

Mailing Address 733 Dreyer Lane

City

Sellersburg

State

IN

Zip Code

47172-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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	8		0	4		2	0	0	8

Transaction ID: A-C13662

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Stephen D. Brown

Mailing Address 207 Plum Lake Rd

City

Sellersburg

State

IN

Zip Code

47172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Signet Cabinetry, Inc.

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: A-C13674

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Suzanne C. Conway

Mailing Address 5810 Moser Knob Road

City

Floyds Knobs

State

IN

Zip Code

47119-8930

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

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	8		0	4		2	0	0	8

Transaction ID: A-C13681

Amount of Each Receipt this Period

750.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. James C. Curry

Mailing Address 12 N Hill Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: A-C13669

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Eichenberger

Mailing Address 3321 Buffalo Trail

City

Floyds Knobs

State

IN

Zip Code

47119-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Univ Southeast

Occupation

Computer Consultant

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: A-C13670

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Susan J. Estes

Mailing Address 2716 Amber Waves Drive

City

Jeffersonville

State

IN

Zip Code

47130-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Estes Excavating, Inc.

Occupation

Secretary/Treasurer

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	8		0	4		2	0	0	8

Transaction ID: A-C13667

Amount of Each Receipt this Period

500.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. James E. Hartfield, Jr.

Mailing Address 6202 Georgetown Greenville Road

City

Greenville

State

IN

Zip Code

47124-9622

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartfield Company

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13663

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Steven G. LaDuke

Mailing Address 3134 Periwinkle Way

City

New Albany

State

IN

Zip Code

47150-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank Monroe Htg & Cooli

Occupation

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
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13676

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Rebecca L Paris

Mailing Address 5002 Klondike Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9211

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

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
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13675

Amount of Each Receipt this Period

500.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John Schmitt

Mailing Address 4109 Versailles Court

City

Floyds Knobs

State

IN

Zip Code

47119-9765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vision First

Occupation

Business 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
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13661

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Anthony L. Westmoreland

Mailing Address 2945 Chapel Lane

City

New Albany

State

IN

Zip Code

47150-9421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Pharmacist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13666

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Kent A. Wingham

Mailing Address 3909 Chapel View Lane

City

New Albany

State

IN

Zip Code

47150-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wingham Paving

Occupation

Owner

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 8 / 0 4 / 2 0 0 8

Transaction ID: A-C13664

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Philip J. Koch

Mailing Address 10866 Stone Road

City

State

Zip Code

Date

IN

47523-9118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Rudolph, LLC

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: A-C13714

Amount of Each Receipt this Period

2300.00

Ind Contr-Earmarked thru
Slatecard.com P

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Jane K. Miller

Mailing Address 12275 N Ogden Point Road
Apt. 112

City

State

Zip Code

Syracuse

IN

46567-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 8 / 0 7 / 2 0 0 8

Transaction ID: A-C13701

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. V. Richard Miller

Mailing Address 12275 N Ogden Point Road
Apt. 112

City

State

Zip Code

Syracuse

IN

46567-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 8 / 0 7 / 2 0 0 8

Transaction ID: A-C13700

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Larry W. Myers

Mailing Address 11820 Springhill Gardens Drive

City

Louisville

State

KY

Zip Code

40223-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Savings Bank

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
0 8 / 0 7 / 2 0 0 8

Transaction ID: A-C13702

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Piskos

Mailing Address 3760 S Mcdougal Street
Apt. 101

City

Bloomington

State

IN

Zip Code

47403-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation

Civil Servant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 8

Transaction ID: A-C13707

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Beverly A. Bagshaw

Mailing Address 17608 Mountain Grove Road

City

Henryville

State

IN

Zip Code

47126-8462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bagshaw Trucking

Occupation

Owner

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
0 8 / 0 8 / 2 0 0 8

Transaction ID: A-C13723

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Janet E. Goodwin

Mailing Address 6906 Salem Noble Road

City

Charlestown

State

IN

Zip Code

47111-8726

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

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 8 / 0 8 / 2 0 0 8

Transaction ID: A-C13727

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Dr. Brittain E. Lukens, III

Mailing Address 1307 S Adams Street

City

Versailles

State

IN

Zip Code

47042-8391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Chiropractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: A-C13733

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Debbie D. Peyton

Mailing Address 10614 Marion Martin Road

City

Marysville

State

IN

Zip Code

47141-9770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeff Boat

Occupation

Executive Assistant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 8 / 2 0 0 8

Transaction ID: A-C13722

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. William A. Saegesser

Mailing Address 1521 Nole Drive

City

Jeffersonville

State

IN

Zip Code

47130-6123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saegesser Engineering, In-
c.

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: A-C13726

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Air, LLC

Mailing Address 815 Wernsing Road

City

Jasper

State

IN

Zip Code

47546-8141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: A-C13781

Amount of Each Receipt this Period

2300.00

Ptr Listed Individually

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
Contribution from Partner-
ship. Partners exceeding
reporting threshold itemi-
zed as memos.**C.**

Full Name (Last, First, Middle Initial)

Mr. Gregory W. Griffin

Mailing Address 11467 E 100 S

City

Columbus

State

IN

Zip Code

47203-9598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Roofing

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: A-C13754

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Wayne B. Hoovestol

Mailing Address 920 Aldrin Drive

City

Eagan

State

MN

Zip Code

55121-2294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoovestol, Inc.

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: A-C13782

Amount of Each Receipt this Period

2300.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Wayne B. Hoovestol

Mailing Address 920 Aldrin Drive

City

Eagan

State

MN

Zip Code

55121-2294

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoovestol, Inc.

Occupation

Owner

Receipt For: 2004

☐ Primary ☐ General
☒ Other (specify) ▼
General 2004

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: A-C13783

Amount of Each Receipt this Period

200.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth Mulzer

Mailing Address PO Box 365

City

Santa Claus

State

IN

Zip Code

47579-0365

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 8 / 1 2 / 2 0 0 8

Transaction ID: A-C13755

Amount of Each Receipt this Period

1000.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Schwenk

Mailing Address PO Box 650

City

Jasper

State

IN

Zip Code

47547-0650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Air, LLC

Occupation

Partner

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: A-PI6014

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]Partnership Itemization
Memo**B.**

Full Name (Last, First, Middle Initial)

Mrs. Judy Simpson

Mailing Address 5815 New Chapel Road

City

Jeffersonville

State

IN

Zip Code

47130-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

773.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: A-C13752

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Judy Simpson

Mailing Address 5815 New Chapel Road

City

Jeffersonville

State

IN

Zip Code

47130-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

773.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: A-C13753

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. Fred Smith, Jr.

Mailing Address 1 Smith Hill

City

State

Zip Code

Tell City

IN

47586-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 8

Transaction ID: A-C13761

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. William E. Waldschmidt

Mailing Address PO Box 306

City

State

Zip Code

Springfield

KY

40069-0306

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

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 8 / 1 2 / 2 0 0 8

Transaction ID: A-C13757

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Pam Kelley

Mailing Address 1009 Kelleys Ridge

City

State

Zip Code

New Albany

IN

47150-9209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Dental

Occupation
Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: A-C13777

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Joan G. Thomas

Mailing Address 7196 Navilleton Road

City

Floyds Knobs

State

IN

Zip Code

47119-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: A-C13778

Amount of Each Receipt this Period

50.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Pamela A. Harding

Mailing Address 13245 State Road 70

City

Derby

State

IN

Zip Code

47525-9642

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: A-C13786

Amount of Each Receipt this Period

200.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Patricia H. McClain

Mailing Address 384 McClain Ave

City

Scottsburg

State

IN

Zip Code

47170

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: A-C13785

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Ruth W. Johnson

Mailing Address 9334 Raintree Drive S

City

Columbus

State

IN

Zip Code

47201-9108

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: A-C13803

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Jesse R. Brand

Mailing Address 1825 Franklin Street

City

Columbus

State

IN

Zip Code

47201-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brands, Inc.

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: A-C13843

Amount of Each Receipt this Period

600.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Gaylord G. Dowd

Mailing Address 269 Starmount Drive

City

Tallahassee

State

FL

Zip Code

32303-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Postal Service

Occupation

Mail Carrier

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	8		1	9		2	0	0	8

Transaction ID: A-C13862

Amount of Each Receipt this Period

500.00

Ind Contr-Conduit thru Co-
ncerned Women P
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. Edward L. Probst, Jr.

Mailing Address 1920 Franklin Street

City

Columbus

State

IN

Zip Code

47201-5152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: A-C13844

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Doris M. Sieg

Mailing Address 3355 Sival Road NW

City

Ramsey

State

IN

Zip Code

47166-8238

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 8 / 1 9 / 2 0 0 8

Transaction ID: A-C13853

Amount of Each Receipt this Period

50.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Andrew R. Wiesman

Mailing Address 2816 Conventry Lane

City

Greenwood

State

IN

Zip Code

46143

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 8

Transaction ID: A-C13850

Amount of Each Receipt this Period

50.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Hawes, Sr.

Mailing Address 5439 E Firetower Road

City

Salem

State

IN

Zip Code

47167-6289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeff. Co. Public Schools

Occupation

Leadworker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: A-C13880

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Martin Wells

Mailing Address 2502 Poplar Ridge Lane

City

Madison

State

IN

Zip Code

47250-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sigma Insurance

Occupation

Owner

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	8		2	0		2	0	0	8

Transaction ID: A-C13874

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Ms. Tracey A. Day

Mailing Address 10877 S 500 W

City

Columbus

State

IN

Zip Code

47201-9154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Roofing

Occupation

Self Employed

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: A-C13887

Amount of Each Receipt this Period

600.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John T. Owens, II

Mailing Address 12770 S 550 W

City

Columbus

State

IN

Zip Code

47201-9139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus County

Occupation

Assessor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C13886

Amount of Each Receipt this Period

200.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Forrest A. Ritz, II

Mailing Address 3666 W South Wood Lake Drive

City

Columbus

State

IN

Zip Code

47201-8946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milestone

Occupation

Engineer

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 8 / 2 1 / 2 0 0 8

Transaction ID: A-C13888

Amount of Each Receipt this Period

300.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Gloria Voelz

Mailing Address 10791 W Grandview Drive

City

Columbus

State

IN

Zip Code

47201-8696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Voelz Body Shop, Inc.

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 8

Transaction ID: A-C13885

Amount of Each Receipt this Period

600.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. E. Ninette Basil

Mailing Address 504 W 7th Street

City

Seymour

State

IN

Zip Code

47274-1566

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13908

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Goecker

Mailing Address 6889 E County Road 900 N

City

Seymour

State

IN

Zip Code

47274-8108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goecker Construction

Occupation

Business Owner

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 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13913

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Ms. Sarah E. Graf

Mailing Address 1026 Centralia Court

City

Clarksville

State

IN

Zip Code

47129-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13937

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Hughes

Mailing Address 2949 Clifty Drive

City

Madison

State

IN

Zip Code

47250-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clifty Engineering & Tool
Co

Occupation

CEO

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
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13919

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Fern R. King

Mailing Address 701 E Village Creek Road

City

Connersville

State

IN

Zip Code

47331-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13940

Amount of Each Receipt this Period

50.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert L. Koch, II

Mailing Address 4120 Mulberry Place

City

Evansville

State

IN

Zip Code

47714-0668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Koch Enterprises

Occupation

Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13916

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Stacy Marshall

Mailing Address PO Box 135

City

Greenville

State

IN

Zip Code

47124-0135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coffee News

Occupation

Publisher

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-I14314

Amount of Each Receipt this Period

650.00

Inkind: Newspaper Ad

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Mary K McCubbin

Mailing Address 1220 E Scenic View Drive

City

Madison

State

IN

Zip Code

47250-6601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Auto Dealer

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 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13928

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Lance Onken

Mailing Address 771 N. Country Road 250 E.

City

Browns town

State

IN

Zip Code

47220

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPS

Occupation

Pilot

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13891

Amount of Each Receipt this Period

300.00

Individual Contribution

☐ 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)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony Rust

Mailing Address 1196 N County Road 250 E

City

Brownstown

State

IN

Zip Code

47220-9674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose Acres

Occupation

Farmer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13903

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. N. William White

Mailing Address 3524 Lafayette Parkway

City

Floyds Knobs

State

IN

Zip Code

47119-9760

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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
0 8 / 2 2 / 2 0 0 8

Transaction ID: A-C13927

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Joanne B. Duncan

Mailing Address 1286 SE Main Street

City

Paoli

State

IN

Zip Code

47454-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C13946

Amount of Each Receipt this Period

50.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. W. August Hillenbrand

Mailing Address 334 N Huntersville Road

City

Batesville

State

IN

Zip Code

47006-9202

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C13943

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Angela R. Hudson

Mailing Address 2200 Utica Pike

City

Jeffersonville

State

IN

Zip Code

47130-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C13939

Amount of Each Receipt this Period

2300.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Ms. Fern R. King

Mailing Address 701 E Village Creek Road

City

Connersville

State

IN

Zip Code

47331-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C13929

Amount of Each Receipt this Period

50.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. Nicholas A. Mastroianni, Jr.

Mailing Address 33 Walnut Street

City

Milford

State

MA

Zip Code

01757-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford Orthopedic Asso.

Occupation

Orthopedic Surgeon

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C13938

Amount of Each Receipt this Period

75.00

Ind Contr-Conduit from CI-
ub for Growth P

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

B.

Full Name (Last, First, Middle Initial)

Mr. John G. Treitz, Sr.

Mailing Address 5210 Tomahawk Road

City

Louisville

State

KY

Zip Code

40207-1643

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: A-C13949

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Robert C. Carter

Mailing Address 18207 Clapp Road

City

Otisco

State

IN

Zip Code

47163-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-C13974

Amount of Each Receipt this Period

25.00

Individual Contribution

☐ 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**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Mundt

Mailing Address 3053 N Ramble Road E

City

Bloomington

State

IN

Zip Code

47408-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-C13962

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald R. Rea

Mailing Address 2035 E. County Road 20N

City

North Vernon

State

IN

Zip Code

47265

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-C13965

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. James W. Robinson

Mailing Address 7527 State Road 62

City

Lanesville

State

IN

Zip Code

47136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robinson Airpark

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: A-C13956

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Beth Baylor

Mailing Address 17696 Horizon Way

City

Lawrenceburg

State

IN

Zip Code

47025-8696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Trucker

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
0 8 / 2 7 / 2 0 0 8

Transaction ID: A-C13991

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Helen M. Bridges

Mailing Address 213 Pine Drive

City

Henryville

State

IN

Zip Code

47126-9755

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 8 / 2 7 / 2 0 0 8

Transaction ID: A-C13983

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Richard W. Holdeman

Mailing Address 1825 Park Valley Drive

City

Columbus

State

IN

Zip Code

43203-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dunn & Associates

Occupation

Insurance

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: A-C14036

Amount of Each Receipt this Period

200.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. James McCullough

Mailing Address 3407 Jaffrey Drive

City

New Albany

State

IN

Zip Code

47150-4232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

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 8 / 2 7 / 2 0 0 8

Transaction ID: A-C13987

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Warkentin

Mailing Address 1520 E Dunstan Drive

City

Bloomington

State

IN

Zip Code

47401-8799

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: A-C13989

Amount of Each Receipt this Period

200.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick M. Murray

Mailing Address 1627 N Shea Road

City

Lexington

State

IN

Zip Code

47138-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer
National College

Occupation
Instructor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C14042

Amount of Each Receipt this Period

200.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Robert G. Trimble

Mailing Address PO Box 435

City

Hanover

State

IN

Zip Code

47243-0435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Writer

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 8 / 2 9 / 2 0 0 8

Transaction ID: A-C14037

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Frank H. Monroe

Mailing Address 595 Industrial Boulevard

City

New Albany

State

IN

Zip Code

47150-2246

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 8

Transaction ID: A-C14052

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Dr. Willis L. Starnes

Mailing Address 3204 N Macarthur Boulevard

City

Irving

State

TX

Zip Code

75062-4453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 8

Transaction ID: A-C14053

Amount of Each Receipt this Period

2300.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. E. Ninette Basil

Mailing Address 504 W 7th Street

City

Seymour

State

IN

Zip Code

47274-1566

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C14080

Amount of Each Receipt this Period

50.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Dr. Naveed Chowhan

Mailing Address 4812 River Road

City

Louisville

State

KY

Zip Code

40222-5945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cancer Care Center

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C14070

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. John D. Haywood

Mailing Address 3071 Cobblers Crossing Road

City

New Albany

State

IN

Zip Code

47150-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Laminators

Occupation

Business Owner

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 9 / 0 3 / 2 0 0 8

Transaction ID: A-C14081

Amount of Each Receipt this Period

250.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Oscar A. Hoffman

Mailing Address 6044 S Club Road

City

Huntingburg

State

IN

Zip Code

47542-9554

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C14083

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Huber

Mailing Address 222 E Witherspoon Street
Unit 1902

City

Louisville

State

KY

Zip Code

40202-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huber Auto

Occupation

Business Owner

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C14071

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Joan G. Thomas

Mailing Address 7196 Navilleton Road

City

Floyds Knobs

State

IN

Zip Code

47119-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: A-C14066

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Therese M. Grote

Mailing Address 81 S Cedar Cliff Drive

City

Madison

State

IN

Zip Code

47250-7633

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: A-C14113

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. John D. Quinn

Mailing Address 8516 Starview Court

City

Sellersburg

State

IN

Zip Code

47172-9065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sleep Products

Occupation

Executive

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 9 / 0 4 / 2 0 0 8

Transaction ID: A-C14103

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Edgar L. Swinney

Mailing Address 2703 N County Road 650 W

City

Osgood

State

IN

Zip Code

47037-9818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Farmer

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 9 / 0 4 / 2 0 0 8

Transaction ID: A-C14098

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Dennis G. Voelker

Mailing Address 2060 Greenhill Drive NE

City

Lanesville

State

IN

Zip Code

47136-8206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dennis Voelker Constructi-
on

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: A-C14100

Amount of Each Receipt this Period

25.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Dr. Eric A. Monesmith

Mailing Address 5726 Central Avenue

City

Indianapolis

State

IN

Zip Code

46220-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortholndy

Occupation

Physician

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	9		0	5		2	0	0	8

Transaction ID: A-C14117

Amount of Each Receipt this Period

500.00

Ind Contr-Earmarked thru
Slatecard.com P
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.

Full Name (Last, First, Middle Initial)

Mrs. Janet Petty

Mailing Address 803 Sunnyside Avenue

City

Aurora

State

IN

Zip Code

47001-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Lumber Co.

Occupation

Sales

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: A-C14130

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Anthony Rust

Mailing Address 1196 N County Road 250 E

City

Brownstown

State

IN

Zip Code

47220-9674

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose Acres

Occupation

Farmer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: A-C14123

Amount of Each Receipt this Period

1300.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Tony Schuler

Mailing Address 2867 Charlestown Road

City

New Albany

State

IN

Zip Code

47150-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schuler Company, Inc.

Occupation

Owner

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
0 9 / 0 5 / 2 0 0 8

Transaction ID: A-C14114

Amount of Each Receipt this Period

2000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Susan E. Sparks

Mailing Address 128 Fairmount Drive

City

Madison

State

IN

Zip Code

47250-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Madison Tool, Inc.

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 9 / 0 5 / 2 0 0 8

Transaction ID: A-C14124

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

3550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Charles L. Berkheimer

Mailing Address 12710 Bruno Road

City

Thornville

State

OH

Zip Code

43076-9726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert McNeff, Inc.

Occupation

Vice President

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	9		0	8		2	0	0	8

Transaction ID: A-C14198

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Robert Binzer

Mailing Address 2500 Taylor Street

City

Madison

State

IN

Zip Code

47250-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14137

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Dr. Robert R. Canida

Mailing Address 906 Fillmore Street

City

Madison

State

IN

Zip Code

47250-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14179

Amount of Each Receipt this Period

150.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Davee

Mailing Address 430 Fairmount Drive

City

Madison

State

IN

Zip Code

47250-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14140

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Jeffrey P. Frazier

Mailing Address 8777 N State Road 7

City

Dupont

State

IN

Zip Code

47231-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaylor, Inc.

Occupation

Contractor

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14154

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. William Dominic D. Grote, III

Mailing Address 101 Cedar Cliff Dr.

City

Madison

State

IN

Zip Code

47250-7628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grote Industries, Inc.

Occupation

Sales Director

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14141

Amount of Each Receipt this Period

300.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Hecker

Mailing Address 17103 Knob Stone Drive

City

Henryville

State

IN

Zip Code

47126-8468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14166

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Frank M. Henry

Mailing Address PO Box 1007

City

Wilkes Barre

State

PA

Zip Code

18773-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frank Martz Coach Co.

Occupation

Chairman

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14205

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. John A. Hollands

Mailing Address 4893 Cacner Road

City

East Bethany

State

NY

Zip Code

14054-9703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Carpenter Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14201

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Dr. J. Scott Kasteler

Mailing Address 3004 E Lobo Ridge

City

New Albany

State

IN

Zip Code

47150-9596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

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 9 / 0 8 / 2 0 0 8

Transaction ID: A-C14184

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Scott Lynch

Mailing Address 1315 Clifty Drive

City

Madison

State

IN

Zip Code

47250-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Realtor

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
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C14158

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Jerry L Massie

Mailing Address PO Box 290

City

Madison

State

IN

Zip Code

47250-0290

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 9 / 0 8 / 2 0 0 8

Transaction ID: A-C14139

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. David C. Porter

Mailing Address PO Box 574

City

Show Low

State

AZ

Zip Code

85902-0574

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Postal Service

Occupation

Mail Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C14185

Amount of Each Receipt this Period

50.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Paul K. Rhodes

Mailing Address 1137 Carriage Lane

City

New Albany

State

IN

Zip Code

47150-5465

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 9 / 0 8 / 2 0 0 8

Transaction ID: A-C14173

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Lisa A. Russell

Mailing Address 2501 Poplar Ridge Lane

City

Madison

State

IN

Zip Code

47250-2373

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

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
0 9 / 0 8 / 2 0 0 8

Transaction ID: A-C14150

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. F. James Walker

Mailing Address 6702 Longview Beach Road

City

Jeffersonville

State

IN

Zip Code

47130-8434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillard Lyons, Inc.

Occupation

Executive VP

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: A-C14146

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Richard E. Bernstein

Mailing Address PO Box 197

City

Flourtown

State

PA

Zip Code

19031-0197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation

Teacher

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

372.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: A-C14211

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Phyllis A. Jenkins

Mailing Address 2315 Grandview Drive

City

Floyds Knobs

State

IN

Zip Code

47119-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
0	9		0	9		2	0	0	8

Transaction ID: A-C14234

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Stan Moore

Mailing Address 3002 Plum Woods Court

City

Sellersburg

State

IN

Zip Code

47172-9093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moore Security

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: A-C14220

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Charles A. Pechette

Mailing Address 9615 E 59th Street

City

Indianapolis

State

IN

Zip Code

46216-1073

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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
0 9 / 0 9 / 2 0 0 8

Transaction ID: A-C14209

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Larry W. Phillips

Mailing Address 1728 Richman Lane

City

Germantown

State

TN

Zip Code

38139-3222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ozark Motor Lines

Occupation

Trainer

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
0 9 / 0 9 / 2 0 0 8

Transaction ID: A-C14224

Amount of Each Receipt this Period

500.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Piskos

Mailing Address 3760 S McDougal Street
Apt. 101

City State Zip Code
Bloomington IN 47403-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Civil Servant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2008

Transaction ID: A-C14214

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Scott Schwinghammer

Mailing Address 575 E 36th Street

City State Zip Code
Jasper IN 47546-8184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ditto Sales, Inc.

Occupation
President/CEO

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2008

Transaction ID: A-C14237

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne B. Ward

Mailing Address 2424 Cedarwood Drive

City State Zip Code
Madison IN 47250-2379

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
09 / 09 / 2008

Transaction ID: A-C14227

Amount of Each Receipt this Period

50.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Dana M. Hall

Mailing Address 8155 Rooster Church Road NE

City

New Salisbury

State

IN

Zip Code

47161-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCauley Nicolas & Co LLC

Occupation

Administration

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Transaction ID: A-C14248

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Robert A. Hitzke

Mailing Address PO Box 1973

City

Nashville

State

IN

Zip Code

47448-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Transaction ID: A-C14243

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Ms. Connie Alyea

Mailing Address 2033 Winton Avenue

City

Indianapolis

State

IN

Zip Code

46224-5627

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Medical Research Technician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	8

Transaction ID: A-C14263

Amount of Each Receipt this Period

100.00

Ind Contr-Earmarked thru
Slatecard.com P
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John L. Brandt

Mailing Address 2129 12th Avenue E

City

Hibbing

State

MN

Zip Code

55746-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14286

Amount of Each Receipt this Period

110.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Ms. Ginger Davidson

Mailing Address 7296 S River Bottom Road

City

Hanover

State

IN

Zip Code

47243-9334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Airport Manager

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 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14274

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Joanne B. Duncan

Mailing Address 1286 SE Main Street

City

Paoli

State

IN

Zip Code

47454-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14253

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas R. McCart

Mailing Address 3895 Windsor Drive

City State Zip Code

Tell City IN 47586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raymar, LLC

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14265

Amount of Each Receipt this Period

500.00

Ind Contr-Earmarked thru
Slatecard.com P

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

B.

Full Name (Last, First, Middle Initial)

Mr. James S. McDowell, Jr.

Mailing Address 700 W 7th Street

City State Zip Code

New Albany IN 47150-5356

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14259

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Wyckoff

Mailing Address 2732 Baywater Court

City State Zip Code

Greenwood IN 46143-7166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pregnancy Care Ctr Morgan

Occupation
Volunteer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14270

Amount of Each Receipt this Period

100.00

Ind Contr-Earmarked thru
Slatecard.com P

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Elizabeth Wyckoff

Mailing Address 2732 Baywater Court

City

Greenwood

State

IN

Zip Code

46143-7166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pregnancy Care Ctr Morgan

Occupation
Volunteer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: A-C14271

Amount of Each Receipt this Period

100.00

Ind Contr-Earmarked thru
Slatecard.com P

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Brenda L Montgomery

Mailing Address 3823 N Molter Road

City

Otis Orchards

State

WA

Zip Code

99027-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 8

Transaction ID: A-C14295

Amount of Each Receipt this Period

50.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Ms. Leah Jane Baker

Mailing Address 490 N Maple Street

City

Orleans

State

IN

Zip Code

47452-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Student

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 8

Transaction ID: A-C14305

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Kevin S. Kellems

Mailing Address 4382 E Thornton Road

City

Madison

State

IN

Zip Code

47250-8397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: A-C14301

Amount of Each Receipt this Period

500.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Ruth Ann Little

Mailing Address 22297 State Line Road

City

Lawrenceburg

State

IN

Zip Code

47025-9125

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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
0	9		1	5		2	0	0	8

Transaction ID: A-C14306

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Jean C. Warkentin

Mailing Address 1520 E Dunstan Drive

City

Bloomington

State

IN

Zip Code

47401-8799

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Transaction ID: A-C14298

Amount of Each Receipt this Period

100.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Ronald D. Bailey

Mailing Address 631 Kennedy Road

City

Lexington

State

KY

Zip Code

40511-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer
City Electric Motor CO.

Occupation

President

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 9 / 1 8 / 2 0 0 8

Transaction ID: A-C14349

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Kevin J. Cecil

Mailing Address 3503 Wyndemere Court

City

New Albany

State

IN

Zip Code

47150-9461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Your Community Bank

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: A-C14351

Amount of Each Receipt this Period

250.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Michael Dean

Mailing Address 600 Quail Run Road

City

Irvine

State

KY

Zip Code

40336-9354

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: A-C14369

Amount of Each Receipt this Period

500.00

Ind Contr-Earmarked thru
Slatecard.com P

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John N. Gillispie

Mailing Address 533 Golden Gate Drive

City

Richboro

State

PA

Zip Code

18954-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Star ToursOccupation
CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: A-C14345

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Alan M. Glickman

Mailing Address 104 Cedar Glen Drive

City

New Hope

State

PA

Zip Code

18938-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Star ToursOccupation
CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: A-C14346

Amount of Each Receipt this Period

250.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Kenneth W. Peters

Mailing Address 1902 Plum Hill Court

City

Floyds Knobs

State

IN

Zip Code

47119-9018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: A-C14347

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. John D. Quinn

Mailing Address 8516 Starview Court

City

Sellersburg

State

IN

Zip Code

47172-9065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sleep Products

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: A-C14338

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mrs. Connie C. Ray

Mailing Address 251 N Garrison Hollow Road

City

Salem

State

IN

Zip Code

47167-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: A-C14355

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. John T. Reboulet

Mailing Address 2959 N 300 E

City

Greenfield

State

IN

Zip Code

46140-8329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly & Co.

Occupation

Technician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: A-C14371

Amount of Each Receipt this Period

200.00

Ind Contr-Earmarked thru
Slatecard.com P
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Michael Sallee

Mailing Address 3452 E Maritime Court

City

Bloomington

State

IN

Zip Code

47401-9497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sallee & Company

Occupation

CPA

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 9 / 1 8 / 2 0 0 8

Transaction ID: A-C14364

Amount of Each Receipt this Period

1000.00

Ind Contr-Earmarked thru
Slatecard.com P

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

B.

Full Name (Last, First, Middle Initial)

Mr. Larry Seger

Mailing Address 1376 Worrell Drive

City

Jasper

State

IN

Zip Code

47546-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wabash Valley Produce

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: A-C14339

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Tom Bruner

Mailing Address 205 Crestwood Drive

City

Madison

State

IN

Zip Code

47250-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Business Owner

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 9 / 2 2 / 2 0 0 8

Transaction ID: A-C14393

Amount of Each Receipt this Period

250.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Judy Huber

Mailing Address 222 E Witherspoon Street
Unit 1902

City State Zip Code
Louisville KY 40202-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C14392

Amount of Each Receipt this Period

2300.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Kenneth L. Huber

Mailing Address 222 E Witherspoon Street
Unit 1902

City State Zip Code
Louisville KY 40202-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huber Auto

Occupation
Business Owner

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 8

Transaction ID: A-C14391

Amount of Each Receipt this Period

1300.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Greg L Bagshaw

Mailing Address 17608 Mountain Grove Road

City State Zip Code
Henryville IN 47126-8462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bagshaw Trucking

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
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14412

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph L Brown

Mailing Address 3009 Wolf Lair Court

City

New Albany

State

IN

Zip Code

47150-9587

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rodefer Moss

Occupation

CPA

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
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14420

Amount of Each Receipt this Period

500.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Darwin B. Harting

Mailing Address 11020 E Fitzpatrick Lane

City

Pekin

State

IN

Zip Code

47165-8437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Ordinance Works

Occupation

President/CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14414

Amount of Each Receipt this Period

1000.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Dr. Kathryn S. Hutchens

Mailing Address 1919 State Street
Suite 460

City

New Albany

State

IN

Zip Code

47150-6801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

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
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14442

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Joyce A. King

Mailing Address 1505 Northaven Drive

City

Jeffersonville

State

IN

Zip Code

47130-6128

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14434

Amount of Each Receipt this Period

50.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Ms. Helen L. Marshall

Mailing Address 827 Susan Avenue

City

Woodstock

State

VA

Zip Code

22664-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14430

Amount of Each Receipt this Period

50.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Dr. Nicholas A. Mastroianni, Jr.

Mailing Address 33 Walnut Street

City

Milford

State

MA

Zip Code

01757-2063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford Orthopedic Asso.

Occupation

Orthopedic Surgeon

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14419

Amount of Each Receipt this Period

75.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Connie K. Nass

Mailing Address PO Box 35

City

Huntingburg

State

IN

Zip Code

47542-0035

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14426

Amount of Each Receipt this Period

100.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Mr. Philip S. Newton

Mailing Address 12925 E 100 N

City

Columbus

State

IN

Zip Code

47203-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Industrial Sales, Inc.

Occupation

Sales

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14427

Amount of Each Receipt this Period

50.00

Individual Contribution

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

Full Name (Last, First, Middle Initial)

Dr. Marcene Percy

Mailing Address 3216 Sporting Print

City

Jeffersonville

State

IN

Zip Code

47130-8632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14424

Amount of Each Receipt this Period

150.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Kenneth W. Peters

Mailing Address 1902 Plum Hill Court

City

Floyds Knobs

State

IN

Zip Code

47119-9018

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14415

Amount of Each Receipt this Period

250.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Nancy E. Seals

Mailing Address 3279 Howard Drive

City

Jasper

State

IN

Zip Code

47546-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

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 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14423

Amount of Each Receipt this Period

50.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Virginia J. Albro

Mailing Address 3003 Tall Oaks Drive

City

Jeffersonville

State

IN

Zip Code

47130-7524

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C14454

Amount of Each Receipt this Period

500.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Margie J. Kulwicki

Mailing Address 3006 Shoreline Turn

City

Georgetown

State

IN

Zip Code

47122-8642

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C14460

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Bradley T. Seger

Mailing Address 1986 Emily Street

City

Jasper

State

IN

Zip Code

47546-9579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wabash Valley Produce

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C14455

Amount of Each Receipt this Period

300.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mr. Larry Seger

Mailing Address 1376 Worrell Drive

City

Jasper

State

IN

Zip Code

47546-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wabash Valley Produce

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C14461

Amount of Each Receipt this Period

150.00

Individual Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas W. Seger

Mailing Address 1365 W 15th Street

City

Jasper

State

IN

Zip Code

47546-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wabash Valley Produce

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C14451

Amount of Each Receipt this Period

300.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Gilbert D. Verkamp

Mailing Address 1133 W 14th Street

City

Jasper

State

IN

Zip Code

47546-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: A-C14453

Amount of Each Receipt this Period

500.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Lavon M. Couch

Mailing Address 5814 Salem Noble Road

City

Charlestown

State

IN

Zip Code

47111-8721

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Dept. of Agriculture

Occupation

Program Assistant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C14464

Amount of Each Receipt this Period

2000.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Cora J. Murphy

Mailing Address 3707 W State Road 56

City

Scottsburg

State

IN

Zip Code

47170-7580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Farmer

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 9 / 2 9 / 2 0 0 8

Transaction ID: A-C14468

Amount of Each Receipt this Period

100.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mrs. Jeanne K. Campbell

Mailing Address 1414 Altmeyer Road

City

Jasper

State

IN

Zip Code

47546-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubois Catho Sch Foundati-
on

Occupation

Director

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C14484

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Frieda Crawford

Mailing Address 1615 Rocky Ford Road

City

Columbus

State

IN

Zip Code

47203-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C14480

Amount of Each Receipt this Period

50.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 179

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Donald L. Hayes

Mailing Address 1563 Gregory Lane

City

Jasper

State

IN

Zip Code

47546-9114

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

860.66

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C14483

Amount of Each Receipt this Period

150.00

Individual Contribution

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

B.

Full Name (Last, First, Middle Initial)

Mr. Stanley G. Krempp

Mailing Address 58 Hannah Lane

City

Jasper

State

IN

Zip Code

47546-9044

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

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 9 / 3 0 / 2 0 0 8

Transaction ID: A-C14485

Amount of Each Receipt this Period

100.00

Individual Contribution

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

C.

Full Name (Last, First, Middle Initial)

Mrs. Connie K. Nass

Mailing Address PO Box 35

City

Huntingburg

State

IN

Zip Code

47542-0035

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8

Transaction ID: A-C14482

Amount of Each Receipt this Period

50.00

Individual Contribution

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

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

110021.63

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 179

(check only one)

<input type="checkbox"/> 11a	<input checked="" 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)

Friends of Mike Sodrel

A.Full Name (Last, First, Middle Initial)
Indiana Republican State Committee, Inc.Mailing Address 47 S Meridian Street
Suite 200City State Zip Code
Indianapolis IN 46204-3557FEC ID number of contributing
federal political committee. **C** C00006486

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: A-C14044

Amount of Each Receipt this Period

5000.00

State Political Party Con-
tribution☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 1st Street SE

City State Zip Code
Washington DC 20003-1838FEC ID number of contributing
federal political committee. **C** C00075820

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
9500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14447

Amount of Each Receipt this Period

4500.00

Political Party Contribut-
ion☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

9500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Next Century Fund

Mailing Address 116 S Royal Street

City

Alexandria

State

VA

Zip Code

22314-3328

FEC ID number of contributing
federal political committee.**C** C00343947

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	7		2	9		2	0	0	8

Transaction ID: A-C13798

Amount of Each Receipt this Period

1000.00

PAC Contribution

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

Full Name (Last, First, Middle Initial)

Cathy McMorris for Congress

Mailing Address PO Box 137

City

Spokane

State

WA

Zip Code

99210-0137

FEC ID number of contributing
federal political committee.**C** C00390476

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	8		0	4		2	0	0	8

Transaction ID: A-C13680

Amount of Each Receipt this Period

1000.00

PAC Contribution

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

Full Name (Last, First, Middle Initial)

Old National Bank in Evansville OIBank PAC

Mailing Address 1 Main Street

City

Evansville

State

IN

Zip Code

47708-1464

FEC ID number of contributing
federal political committee.**C** C00165282

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	8		1	2		2	0	0	8

Transaction ID: A-C13765

Amount of Each Receipt this Period

500.00

PAC Contribution

☐ 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)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Freedom's Defense Fund

Mailing Address 1155 15th Street

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.**C** C00401786

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	8		1	8		2	0	0	8

Transaction ID: A-C13882

Amount of Each Receipt this Period

500.00

PAC Contribution

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

Full Name (Last, First, Middle Initial)

Easterbrook For Commissioner

Mailing Address 11633 S 975 E

City

Clarks Hill

State

IN

Zip Code

47930-9272

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

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: A-C13883

Amount of Each Receipt this Period

400.00

Committee Contribution

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

Full Name (Last, First, Middle Initial)

Hoosiers For Richard Mourdock

Mailing Address PO Box 185

City

Inglesfield

State

IN

Zip Code

47618-0185

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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: A-C13955

Amount of Each Receipt this Period

250.00

Individual Contribution

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 179

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

IPAA Wildcatters Fund

Mailing Address 1201 15th Street NW
Suite 300

City State Zip Code
Washington DC 20005-2842

FEC ID number of contributing
federal political committee. **C** C00246306

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 Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14445

Amount of Each Receipt this Period

1500.00

PAC Contribution

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

B.

Full Name (Last, First, Middle Initial)

National Conservative Campaign Fund

Mailing Address 1 Massachusetts Avenue NW
Suite 630

City State Zip Code
Washington DC 20001-1401

FEC ID number of contributing
federal political committee. **C** C00348359

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
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14444

Amount of Each Receipt this Period

1000.00

PAC Contribution

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

C.

Full Name (Last, First, Middle Initial)

STAR-PAC National Star Route Mail Contractors

Mailing Address 324 E Capitol Street NE

City State Zip Code
Washington DC 20003-3809

FEC ID number of contributing
federal political committee. **C** C00163311

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: A-C14446

Amount of Each Receipt this Period

5000.00

PAC Contribution

☐ 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 179

(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)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

WEDGE PAC

Mailing Address PO Box 680063

City

Franklin

State

TN

Zip Code

37068-0063

FEC ID number of contributing
federal political committee.**C** C00409276

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: A-C14443

Amount of Each Receipt this Period

250.00

PAC Contribution

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

Full Name (Last, First, Middle Initial)

Conservative Leadership PAC

Mailing Address 3128 17th Street N

City

Arlington

State

VA

Zip Code

22201-5202

FEC ID number of contributing
federal political committee.**C** C00010363

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: A-C14450

Amount of Each Receipt this Period

1500.00

PAC Contribution

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

Full Name (Last, First, Middle Initial)

IEC PRIDE PAC

Mailing Address 4401 Ford Avenue
Suite 1100

City

Alexandria

State

VA

Zip Code

22302-1432

FEC ID number of contributing
federal political committee.**C** C00332031

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	9		2	9		2	0	0	8

Transaction ID: A-C14465

Amount of Each Receipt this Period

1000.00

PAC Contribution

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

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 179

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Invest In A Strong And Secure America Pac

Mailing Address PO Box 3799

City

Vista

State

CA

Zip Code

92085-3799

FEC ID number of contributing
federal political committee.

C C00450320

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 9 / 2 9 / 2 0 0 8

Transaction ID: A-C14470

Amount of Each Receipt this Period

1000.00

PAC Contribution

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

B.

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 424 C Street NE

City

Washington

State

DC

Zip Code

20002-5818

FEC ID number of contributing
federal political committee.

C C00305805

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: A-C14466

Amount of Each Receipt this Period

5000.00

PAC Contribution

☐ 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)

19900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 179

(check only one)

<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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Your Community Bank of Southern Indiana

Mailing Address 201 W Court Avenue

City

Jeffersonville

State

IN

Zip Code

47130-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2887.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: A-M14602

Amount of Each Receipt this Period

556.77

Interest Income

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

Full Name (Last, First, Middle Initial)

Your Community Bank of Southern Indiana

Mailing Address 201 W Court Avenue

City

Jeffersonville

State

IN

Zip Code

47130-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2887.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	8

Transaction ID: A-M14603

Amount of Each Receipt this Period

523.89

Interest Income

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

Full Name (Last, First, Middle Initial)

Your Community Bank of Southern Indiana

Mailing Address 201 W Court Avenue

City

Jeffersonville

State

IN

Zip Code

47130-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2887.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Transaction ID: A-M14576

Amount of Each Receipt this Period

485.54

Interest Income

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

SUBTOTAL of Receipts This Page (optional)

1566.20

TOTAL This Period (last page this line number only)

1566.20

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

07 / 01 / 2008

500.00

State: District:

646.34

State: District:

681.97

State: District:

FEC Schedule B (Form 3) (Revised 02/2003)

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfelser Mailing Address 3801 E Luther Road	Transaction ID: B-E-13743 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9609 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>396.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Mrs. Lori A. Davis Mailing Address 5011 Clover Valley Road NW City State Zip Code Ramsey IN 47166-8246 Purpose of Disbursement Other: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13592 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>180.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mrs. Lori A. Davis Mailing Address 5011 Clover Valley Road NW City State Zip Code Ramsey IN 47166-8246 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13608 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>617.95</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1194.45

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline M. Guthrie

Mailing Address 1516 Lakeview Drive

City State Zip Code
Keller TX 76248-3276

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13766

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)

Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City State Zip Code
Jeffersonville IN 47130-3627

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13589

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)

Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City State Zip Code
Jeffersonville IN 47130-3627

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13591

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

1287.03

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Cesar D. Morales

Mailing Address 4207 Miners Way

City State Zip Code
Sellersburg IN 47172-1782

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13604

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1118.94

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

B.

Full Name (Last, First, Middle Initial)

Mr. Ryan E. Reger

Mailing Address 1313 E 9th Street

City State Zip Code
Anderson IN 46012-4176

Purpose of Disbursement
Other: Airline Ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13593

Date of Disbursement

/ /

Amount of Each Disbursement this Period

719.83

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

C.

Full Name (Last, First, Middle Initial)

Mr. Ryan E. Reger

Mailing Address 1313 E 9th Street

City State Zip Code
Anderson IN 46012-4176

Purpose of Disbursement
Other: Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13594

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional)

2138.77

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 PageFOR LINE NUMBER:
(check only one)

PAGE 98 / 179

<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)
Friends of Mike Sodrel**A.**

Full Name (Last, First, Middle Initial)

Mr. Ryan E. Reger

Mailing Address 1313 E 9th Street

City State Zip Code
Anderson IN 46012-4176Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13605

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

Amount of Each Disbursement this Period

2014.50

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

Full Name (Last, First, Middle Initial)

The Kingmakers LLC

Mailing Address 12 W 8th Street

City State Zip Code
Anderson IN 46016-1406Purpose of Disbursement
Other: Consultant-Fund Raising

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13746

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	8

Amount of Each Disbursement this Period

10000.00

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

Full Name (Last, First, Middle Initial)

Acceptiva, Inc.

Mailing Address PO Box 104

City State Zip Code
Snoqualmie WA 98065-0104Purpose of Disbursement
Other: Credit Card Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13747

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	0	8

Amount of Each Disbursement this Period

19.95

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

SUBTOTAL of Disbursements This Page (optional)

12034.45

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Slatecard.com PAC	Transaction ID: B-E-13333 Date of Disbursement
Mailing Address 228 S Washington Street Suite 115	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div>
City Alexandria State VA Zip Code 22314-5404	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Credit Card Fee Candidate Name	<div> <div>8.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) Budget Printing Centers, Inc.	Transaction ID: B-E-13690 Date of Disbursement
Mailing Address 902 E 10th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City Jeffersonville State IN Zip Code 47130-4141	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Printing Candidate Name	<div> <div>3366.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
C. Full Name (Last, First, Middle Initial) Erie Insurance	Transaction ID: B-E-13773 Date of Disbursement
Mailing Address 1416 Spring Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City Jeffersonville State IN Zip Code 47130-3737	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Insurance Candidate Name	<div> <div>295.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)

3670.42

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Kaiser Wholesale, Inc. Mailing Address PO Box 1115	Transaction ID: B-E-13770 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City New Albany State IN Zip Code 47151-1115 Purpose of Disbursement Other: Parade Candy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>89.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Master Productions Mailing Address 9419 W Constellation Drive City Pendleton State IN Zip Code 46064-7512 Purpose of Disbursement Other: Website Maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13771 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>550.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) USPS Mailing Address Court Avenue City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement Other: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13555 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

939.88

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Amount of Each Disbursement this Period

180.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13559

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Amount of Each Disbursement this Period

62.52

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Nathaniel Jones

Mailing Address 4266 S Eastern School Road

City Pekin State IN Zip Code 47165-8002

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13767

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	8

Amount of Each Disbursement this Period

62.50

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

SUBTOTAL of Disbursements This Page (optional)

305.02

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Ms. Sarah Overshiner Mailing Address 405 S Washington Street	Transaction ID: B-E-13769 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City Versailles State IN Zip Code 47042-9428 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>119.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Mr. Michael S. Summers Mailing Address 823 Applegate Lane Apt. 82 City Clarksville State IN Zip Code 47129-6553 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13772 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>81.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Slatecard.com PAC Mailing Address 228 S Washington Street Suite 115 City Alexandria State VA Zip Code 22314-5404 Purpose of Disbursement Other: Credit Card Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14604 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>26.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

227.33

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:
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13557</p> <p>Date of Disbursement <div> <div>07</div> <div>09</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>140.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13558</p> <p>Date of Disbursement <div> <div>07</div> <div>10</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>157.99</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address PO Box 7221</p> <p>City Indianapolis State IN Zip Code 46207-7221</p> <p>Purpose of Disbursement Other: Withholding Taxes</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13567</p> <p>Date of Disbursement <div> <div>07</div> <div>15</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>310.04</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

608.03

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:
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13566

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
Your Community Bank of Southern Indiana

Mailing Address 201 W Court Avenue

City Jeffersonville State IN Zip Code 47130-3529

Purpose of Disbursement
Other: Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13568

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)
Mr. Charles E. Bryant

Mailing Address 5707 Salem Noble Road

City Charlestown State IN Zip Code 47111-8721

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

3209.83

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Charles E. Bryant

Mailing Address 5707 Salem Noble Road

City State Zip Code
Charlestown IN 47111-8721

Purpose of Disbursement
Other: Mileage & Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13602

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)

Mr. Troy I. Dannenfelser

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)

Mr. Troy I. Dannenfelser

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13563

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

631.99

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mrs. Lori A. Davis Mailing Address 5011 Clover Valley Road NW	Transaction ID: B-E-13599 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Ramsey State IN Zip Code 47166-8246 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>617.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Ms. Jacqueline M. Guthrie Mailing Address 1516 Lakeview Drive City Keller State TX Zip Code 76248-3276 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: B-E-13564 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1184.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Ms. Jessica L. Howell Mailing Address 111 Quartermaster Court City Jeffersonville State IN Zip Code 47130-3627 Purpose of Disbursement Other: Mileage & Envelopes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ State: District:	Transaction ID: B-E-13603 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>44.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1846.24

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City Jeffersonville State IN Zip Code 47130-3627

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13607

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Amount of Each Disbursement this Period

528.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Mr. Cesar D. Morales

Mailing Address 4207 Miners Way

City Sellersburg State IN Zip Code 47172-1782

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Amount of Each Disbursement this Period

1118.94

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Mr. Ryan E. Reger

Mailing Address 1313 E 9th Street

City Anderson State IN Zip Code 46012-4176

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Amount of Each Disbursement this Period

2014.50

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

SUBTOTAL of Disbursements This Page (optional)

3661.72

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Summers

Mailing Address 823 Applegate Lane
Apt. 82

City State Zip Code
Clarksville IN 47129-6553

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13600

Date of Disbursement

/ /

Amount of Each Disbursement this Period

479.07

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

B.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Summers

Mailing Address 823 Applegate Lane
Apt. 82

City State Zip Code
Clarksville IN 47129-6553

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.00

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

C.

Full Name (Last, First, Middle Initial)

Focused Capitol Solutions, LLC

Mailing Address 425 Walnut Street
Suite 1800

City State Zip Code
Cincinnati OH 45202-3948

Purpose of Disbursement
Other: Strategic Advisor & Campaign E

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

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

SUBTOTAL of Disbursements This Page (optional)

3505.07

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Focused Capitol Solutions, LLC</p> <p>Mailing Address 425 Walnut Street Suite 1800</p> <p>City Cincinnati State OH Zip Code 45202-3948</p> <p>Purpose of Disbursement Other: Strategic Advisor & Campaign E</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13471</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Focused Capitol Solutions, LLC</p> <p>Mailing Address 425 Walnut Street Suite 1800</p> <p>City Cincinnati State OH Zip Code 45202-3948</p> <p>Purpose of Disbursement Other: Strategic Advisor & Campaign E</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13565</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1028.88</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13560</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 7 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>94.14</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

2123.02

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13571

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13572

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
Mr. Welby Edwards

Mailing Address 136 Bluff Ridge Road

City Jeffersonville State IN Zip Code 47130-8484

Purpose of Disbursement
Other: Utilities-Duke Energy & Vectre

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13570

Date of Disbursement

/ /

Amount of Each Disbursement this Period

262.07

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

SUBTOTAL of Disbursements This Page (optional)

862.07

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

FEC Schedule B (Form 3) (Revised 02/2003)

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Insight Communication Mailing Address PO Box 740273	Transaction ID: B-S-5415 Date of Disbursement <div> <div>07</div> <div>21</div> <div>2008</div> </div>
City Cincinnati State OH Zip Code 45274-0273 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>645.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(07/21/08)
B. Full Name (Last, First, Middle Initial) Keen Screen Mailing Address PO Box 1 City New Albany State IN Zip Code 47151-0001 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-5413 Date of Disbursement <div> <div>07</div> <div>21</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>4089.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(07/21/08)
C. Full Name (Last, First, Middle Initial) Krogers Mailing Address 2956 E 10th Street City Jeffersonville State IN Zip Code 47130-5914 Purpose of Disbursement Food & Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-5404 Date of Disbursement <div> <div>07</div> <div>21</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>220.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(07/21/08)
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div> 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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mark's Hallmark

Mailing Address 2784 Meijer Drive

City Jeffersonville State IN Zip Code 47130-7299

Purpose of Disbursement

Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5410

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

744.34

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(07/21/08)

B.

Full Name (Last, First, Middle Initial)

Office Depot, Inc.

Mailing Address 706 W Highway 131

City Clarksville State IN Zip Code 47129-1535

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5411

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

192.93

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(07/21/08)

C.

Full Name (Last, First, Middle Initial)

Sam's Club

Mailing Address 1301 Veterans Parkway

City Clarksville State IN Zip Code 47129

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5416

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

222.53

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(07/21/08)

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 PageFOR 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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: B-S-5417 Date of Disbursement																				
Mailing Address c/o Fifth Third Bank P. O. Box 740789	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	8												
City Cincinnati State OH Zip Code 45274-0789	Amount of Each Disbursement this Period <table border="1"> <tr> <td>41.00</td> </tr> </table>	41.00																			
41.00																					
Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name	001 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Subitemization of Fifth Third Bank(07/21/08)																					
B. Full Name (Last, First, Middle Initial) Staples	Transaction ID: B-S-5407 Date of Disbursement																				
Mailing Address 1250 Veterans Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	8												
City Clarksville State IN Zip Code 47129-2394	Amount of Each Disbursement this Period <table border="1"> <tr> <td>842.69</td> </tr> </table>	842.69																			
842.69																					
Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name	001 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Subitemization of Fifth Third Bank(07/21/08)																					
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: B-S-5406 Date of Disbursement																				
Mailing Address Court Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	0	8												
City Jeffersonville State IN Zip Code 47130	Amount of Each Disbursement this Period <table border="1"> <tr> <td>380.93</td> </tr> </table>	380.93																			
380.93																					
Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name	001 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] Subitemization of Fifth Third Bank(07/21/08)																					

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13561

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.67

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

B.

Full Name (Last, First, Middle Initial)
Broadway Press, LLC

Mailing Address 2112 Broadway Street

City Anderson State IN Zip Code 46012-1605

Purpose of Disbursement
Other: Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2761.44

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

C.

Full Name (Last, First, Middle Initial)
Focused Capitol Solutions, LLC

Mailing Address 425 Walnut Street
Suite 1800

City Cincinnati State OH Zip Code 45202-3948

Purpose of Disbursement
Other: Strategic Advisor & Campaign E

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional)

3806.11

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Indiana Department of Workforce Development

Mailing Address 10 N Senate Avenue

City Indianapolis State IN Zip Code 46204-2201

Purpose of Disbursement
Other: State Unemployment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13775

Date of Disbursement

/ /

Amount of Each Disbursement this Period

122.03

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

B. Full Name (Last, First, Middle Initial)
Keen Screen

Mailing Address PO Box 1

City New Albany State IN Zip Code 47151-0001

Purpose of Disbursement
Other: T-Shirts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13574

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2208.80

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

C. Full Name (Last, First, Middle Initial)
Laser Images, Inc.

Mailing Address PO Box 32396

City Louisville State KY Zip Code 40232-2396

Purpose of Disbursement
Other: Printer Maintenance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13579

Date of Disbursement

/ /

Amount of Each Disbursement this Period

109.00

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

SUBTOTAL of Disbursements This Page (optional)

2439.83

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Louisville Bats Mailing Address 401 E Main Street	Transaction ID: B-E-13580 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
City State Zip Code Louisville KY 40202-1110 Purpose of Disbursement Other: Facility Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>800.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Paxton Lawn Service Mailing Address 8510 Falcon Road City State Zip Code Charlestown IN 47111-8404 Purpose of Disbursement Other: Lawn Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13578 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>360.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Sodrel Truck Lines, Inc. Mailing Address One Sodrel Drive City State Zip Code Jeffersonville IN 47130 Purpose of Disbursement Other: Trailer Rental, Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13582 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>261.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1421.62

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
The Free Enterprise System

Mailing Address One Sodrel Drive

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Parade Trolley

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13583

Date of Disbursement

/ /

Amount of Each Disbursement this Period

496.00

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

B.

Full Name (Last, First, Middle Initial)
The Kingmakers LLC

Mailing Address 12 W 8th Street

City Anderson State IN Zip Code 46016-1406

Purpose of Disbursement
Other: Consultant - Fund Raising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13375

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18947.42

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

C.

Full Name (Last, First, Middle Initial)
The Kingmakers LLC

Mailing Address 12 W 8th Street

City Anderson State IN Zip Code 46016-1406

Purpose of Disbursement
Other: Consultant - Fund Raising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13585

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22608.60

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

SUBTOTAL of Disbursements This Page (optional)

42052.02

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-13569</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 124.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Sarah Overshiner</p> <p>Mailing Address 405 S Washington Street</p> <p>City Versailles State IN Zip Code 47042-9428</p> <p>Purpose of Disbursement Other: Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-13575</p> <p>Date of Disbursement 07 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 98.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Statecard.com PAC</p> <p>Mailing Address 228 S Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314-5404</p> <p>Purpose of Disbursement Other: Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-13521</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 277.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

500.65

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Slatecard.com PAC</p> <hr/> <p>Mailing Address 228 S Washington Street Suite 115</p> <hr/> <p>City Alexandria State VA Zip Code 22314-5404</p> <hr/> <p>Purpose of Disbursement Other: Credit Card Fee</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13551 Date of Disbursement <div>07 / 25 / 2008</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>2.70</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Jamey Noel</p> <hr/> <p>Mailing Address 5210 Idledice</p> <hr/> <p>City Jeffersonville State IN Zip Code 47130-8625</p> <hr/> <p>Purpose of Disbursement Inkind: Advertising</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-I-14463 Date of Disbursement <div>07 / 25 / 2008</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>1100.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AT&T</p> <hr/> <p>Mailing Address PO Box 9001309</p> <hr/> <p>City Louisville State KY Zip Code 40290-1309</p> <hr/> <p>Purpose of Disbursement Other: Telephone</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13616 Date of Disbursement <div>07 / 29 / 2008</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>256.98</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1359.68

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 PageFOR 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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 1190 E Lewis And Clark Parkway City Clarksville State IN Zip Code 47129-7735 Purpose of Disbursement Other: Cell Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13621 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>652.34</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8	652.34
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	9		2	0	0	8													
652.34																						
B. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfelser Mailing Address 3801 E Luther Road City Floyds Knobs State IN Zip Code 47119-9609 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13625 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>16.50</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8	16.50
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	9		2	0	0	8													
16.50																						
C. Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana Mailing Address 201 W Court Avenue City Jeffersonville State IN Zip Code 47130-3529 Purpose of Disbursement Other: ACH Payroll Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13776 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>35.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	8													
35.00																						

SUBTOTAL of Disbursements This Page (optional)**703.84****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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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Kenneth D. Anderson	Transaction ID: B-E-13620 Date of Disbursement
Mailing Address 5574 Featheringill Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9528	Amount of Each Disbursement this Period <div>610.09</div>
Purpose of Disbursement Other: Salary 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>Category/Type</div> <div></div> </div>
B. Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant	Transaction ID: B-E-13588 Date of Disbursement
Mailing Address 5707 Salem Noble Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Charlestown IN 47111-8721	Amount of Each Disbursement this Period <div>681.97</div>
Purpose of Disbursement Other: Salary 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>Category/Type</div> <div></div> </div>
C. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfels	Transaction ID: B-E-13618 Date of Disbursement
Mailing Address 3801 E Luther Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9609	Amount of Each Disbursement this Period <div>396.50</div>
Purpose of Disbursement Other: Salary 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 State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>Category/Type</div> <div></div> </div>

SUBTOTAL of Disbursements This Page (optional)

1688.56

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mrs. Lori A. Davis

Mailing Address 5011 Clover Valley Road NW

City Ramsey State IN Zip Code 47166-8246

Purpose of Disbursement

Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-13590

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline M. Guthrie

Mailing Address 1516 Lakeview Drive

City Keller State TX Zip Code 76248-3276

Purpose of Disbursement

Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-13617

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)

Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City Jeffersonville State IN Zip Code 47130-3627

Purpose of Disbursement

Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-13598

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

2330.48

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Cesar D. Morales Mailing Address 4207 Miners Way	Transaction ID: B-E-13586 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div>
City Sellersburg State IN Zip Code 47172-1782 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1118.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger Mailing Address 1313 E 9th Street City Anderson State IN Zip Code 46012-4176 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13587 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2014.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger Mailing Address 1313 E 9th Street City Anderson State IN Zip Code 46012-4176 Purpose of Disbursement Other: Rent, Flags Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13610 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1380.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4513.44

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Michael S. Summers</p> <p>Mailing Address 823 Applegate Lane Apt. 82</p> <p>City Clarksville State IN Zip Code 47129-6553</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B-E-13609 Date of Disbursement <div>07 / 31 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>479.07</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CompleteCampaigns</p> <p>Mailing Address 610 Gateway Center Way Suite K</p> <p>City San Diego State CA Zip Code 92102-4548</p> <p>Purpose of Disbursement Other: Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B-E-13584 Date of Disbursement <div>08 / 01 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>500.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B-E-13828 Date of Disbursement <div>08 / 01 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>77.48</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1056.55

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Indiana Department of Revenue</p> <p>Mailing Address PO Box 7221</p> <p>City Indianapolis State IN Zip Code 46207-7221</p> <p>Purpose of Disbursement Other: Withholding Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13824 Date of Disbursement <div> <div>08</div> <div>04</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1072.36</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Keen Screen</p> <p>Mailing Address PO Box 1</p> <p>City New Albany State IN Zip Code 47151-0001</p> <p>Purpose of Disbursement Other: T-Shirts & Bumper Stickers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13694 Date of Disbursement <div> <div>08</div> <div>04</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1520.05</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14282 Date of Disbursement <div> <div>08</div> <div>04</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>23.08</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

2615.49

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 PageFOR 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)
Friends of Mike Sodrel**A.**

Full Name (Last, First, Middle Initial)

Mr. Troy I. Dannenfelser

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

18.00

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

Full Name (Last, First, Middle Initial)

Ms. Sarah Overshiner

Mailing Address 405 S Washington Street

City State Zip Code
Versailles IN 47042-9428Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13692

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

41.50

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

Full Name (Last, First, Middle Initial)

Your Community Bank of Southern Indiana

Mailing Address 201 W Court Avenue

City State Zip Code
Jeffersonville IN 47130-3529Purpose of Disbursement
Other: Payroll Taxes

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13691

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Amount of Each Disbursement this Period

7508.08

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

7567.58

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Keen Screen

Mailing Address PO Box 1

City State Zip Code
New Albany IN 47151-0001

Purpose of Disbursement
Other: Yard Signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4263.00

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

B.

Full Name (Last, First, Middle Initial)
Slatecard.com PAC

Mailing Address 228 S Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314-5404

Purpose of Disbursement
Other: Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13710

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.63

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

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City State Zip Code
Jeffersonville IN 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

81.63

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

SUBTOTAL of Disbursements This Page (optional)

4460.26

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-13695

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

76.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-13827

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-13829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

63.66

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

SUBTOTAL of Disbursements This Page (optional)

439.68

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 PageFOR 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)
Friends of Mike Sodrel**A.**

Full Name (Last, First, Middle Initial)

Mr. Welby Edwards

Mailing Address 136 Bluff Ridge Road

City Jeffersonville State IN Zip Code 47130-8484

Purpose of Disbursement

Other: Rent

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13687

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

1500.00

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

Full Name (Last, First, Middle Initial)

Mr. Welby Edwards

Mailing Address 136 Bluff Ridge Road

City Jeffersonville State IN Zip Code 47130-8484

Purpose of Disbursement

Other: Utilities-Duke Energy & Vectre

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13688

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

275.07

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

Full Name (Last, First, Middle Initial)

Frontier Alaska

Mailing Address 5245 Airport Industrial Road

City Fairbanks State AK Zip Code 99709-4468

Purpose of Disbursement

Other: Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

1357.64

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

SUBTOTAL of Disbursements This Page (optional)

3132.71

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
Kaiser Wholesale, Inc.

Mailing Address PO Box 1115

City State Zip Code
New Albany IN 47151-1115Purpose of Disbursement
Other: Parade Candy

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13809

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

183.51

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Kellum Imprints & Awards

Mailing Address 1675 Highway 64 NW

City State Zip Code
Ramsey IN 47166-8546Purpose of Disbursement
Other: Logo Shirts

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13812

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

335.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Master Productions

Mailing Address 9419 W Constellation Drive

City State Zip Code
Pendleton IN 46064-7512Purpose of Disbursement
Other: Website Maintenance

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13810

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

550.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

1068.56

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) McCauley, Nicolas & Company, LLC</p> <p>Mailing Address 702 N Shore Drive Suite 500</p> <p>City Jeffersonville State IN Zip Code 47130-3104</p> <p>Purpose of Disbursement Other: Accounting Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13811 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 1</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1365.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant</p> <p>Mailing Address 5707 Salem Noble Road</p> <p>City Charlestown State IN Zip Code 47111-8721</p> <p>Purpose of Disbursement Other: Mileage & Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13817 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 1</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>459.25</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-13830 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 2</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>71.29</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1895.54

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13831

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

45.02

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

B.

Full Name (Last, First, Middle Initial)
Slatecard.com PAC

Mailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Other: Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13789

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

20.13

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

C.

Full Name (Last, First, Middle Initial)
Kenneth D. Anderson

Mailing Address 5574 Featheringill Road

City Floyds Knobs State IN Zip Code 47119-9528

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13820

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

505.69

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

SUBTOTAL of Disbursements This Page (optional)

570.84

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Kenneth D. Anderson	Transaction ID: B-E-13822 Date of Disbursement
Mailing Address 5574 Featheringill Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9528 Purpose of Disbursement Other: Mileage & Ice Candidate Name	Amount of Each Disbursement this Period <div>51.93</div> <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant	Transaction ID: B-E-13834 Date of Disbursement
Mailing Address 5707 Salem Noble Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Charlestown IN 47111-8721 Purpose of Disbursement Other: Salary Candidate Name	Amount of Each Disbursement this Period <div>681.97</div> <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfelter	Transaction ID: B-E-13818 Date of Disbursement
Mailing Address 3801 E Luther Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9609 Purpose of Disbursement Other: Salary Candidate Name	Amount of Each Disbursement this Period <div>396.50</div> <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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

1130.40

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfelser Mailing Address 3801 E Luther Road	Transaction ID: B-E-13821 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9609 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>21.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Mrs. Lori A. Davis Mailing Address 5011 Clover Valley Road NW City State Zip Code Ramsey IN 47166-8246 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13837 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>617.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Ms. Jacqueline M. Guthrie Mailing Address 1516 Lakeview Drive City State Zip Code Keller TX 76248-3276 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13819 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1184.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1823.70

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Ms. Jacqueline M. Guthrie

Mailing Address 1516 Lakeview Drive

City State Zip Code
Keller TX 76248-3276

Purpose of Disbursement
Other: Postage & Toner

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

271.31

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

B.

Full Name (Last, First, Middle Initial)

Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City State Zip Code
Jeffersonville IN 47130-3627

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

528.28

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

C.

Full Name (Last, First, Middle Initial)

Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City State Zip Code
Jeffersonville IN 47130-3627

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13839

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

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

SUBTOTAL of Disbursements This Page (optional)

859.59

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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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Cesar D. Morales Mailing Address 4207 Miners Way	Transaction ID: B-E-13832 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div>
City Sellersburg State IN Zip Code 47172-1782 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1118.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger Mailing Address 1313 E 9th Street City Anderson State IN Zip Code 46012-4176 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13833 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2014.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mr. Michael S. Summers Mailing Address 823 Applegate Lane Apt. 82 City Clarksville State IN Zip Code 47129-6553 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-13838 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>479.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3612.51

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 PageFOR 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)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Arvey Paper & Office Products Mailing Address 120 E Market Street	Transaction ID: B-S-5435 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8	
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	8		2	0	0	8													
City Louisville State KY Zip Code 40202-1306 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>66.91</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(08/18/08)	66.91																				
66.91																						
B. Full Name (Last, First, Middle Initial) Fifth Third Bank Mailing Address PO Box 740789 City Cincinnati State OH Zip Code 45274-0789 Purpose of Disbursement Other: Office Supp, Postage, Travel, Int Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-13840 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>3705.57</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8	3705.57
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	8		2	0	0	8													
3705.57																						
C. Full Name (Last, First, Middle Initial) Insight Communication Mailing Address PO Box 740273 City Cincinnati State OH Zip Code 45274-0273 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-5429 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>346.59</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(08/18/08)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8	346.59
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	8		2	0	0	8													
346.59																						

SUBTOTAL of Disbursements This Page (optional)

3705.57

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Krogers Mailing Address 2956 E 10th Street	Transaction ID: B-S-5427 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2008</div> </div>
City Jeffersonville State IN Zip Code 47130-5914 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>125.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(08/18/08)
B. Full Name (Last, First, Middle Initial) Mark's Hallmark Mailing Address 2784 Meijer Drive City Jeffersonville State IN Zip Code 47130-7299 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-5426 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>15.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(08/18/08)
C. Full Name (Last, First, Middle Initial) Office Depot, Inc. Mailing Address 706 W Highway 131 City Clarksville State IN Zip Code 47129-1535 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-5424 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>380.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(08/18/08)

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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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1250 Veterans Parkway

City State Zip Code
Clarksville IN 47129-2394

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5431

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

1119.13

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(08/18/08)

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City State Zip Code
Jeffersonville IN 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13806

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

83.28

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

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City State Zip Code
Jeffersonville IN 47130

Purpose of Disbursement
Other: Postage Permit

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-13826

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

180.00

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

SUBTOTAL of Disbursements This Page (optional)

263.28

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5425

Date of Disbursement

/ /

Amount of Each Disbursement this Period

395.56

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(08/18/08)

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 1190 E Lewis And Clark Parkway

City Clarksville State IN Zip Code 47129-7735

Purpose of Disbursement
Cell Phones

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5430

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.74

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(08/18/08)

C.

Full Name (Last, First, Middle Initial)
Warren Printing Services

Mailing Address 2035 S Gethsemane Road NW

City Corydon State IN Zip Code 47112-6733

Purpose of Disbursement
Printing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5433

Date of Disbursement

/ /

Amount of Each Disbursement this Period

818.55

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(08/18/08)

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger Mailing Address 1313 E 9th Street	Transaction ID: B-E-13807 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2008</div> </div>
City Anderson State IN Zip Code 46012-4176 Purpose of Disbursement Other: Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>900.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) CompleteCampaigns Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Other: Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14017 Date of Disbursement <div> <div>08</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Focused Capitol Solutions, LLC Mailing Address 425 Walnut Street Suite 1800 City Cincinnati State OH Zip Code 45202-3948 Purpose of Disbursement Other: Strategic Advisor & Campaign E Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14015 Date of Disbursement <div> <div>08</div> <div>19</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2400.00

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Lotus Sign & Design Mailing Address 1225 Bringham Drive	Transaction ID: B-E-14016 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City State Zip Code Sellersburg IN 47172-2028 Purpose of Disbursement Other: Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1019.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Kenneth D. Anderson Mailing Address 5574 Featheringill Road City State Zip Code Floyds Knobs IN 47119-9528 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14020 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>28.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfesler Mailing Address 3801 E Luther Road City State Zip Code Floyds Knobs IN 47119-9609 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14019 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>85.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1133.41

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

FEC Schedule B (Form 3) (Revised 02/2003)

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) The Kingmakers LLC Mailing Address 12 W 8th Street	Transaction ID: B-E-14025 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Anderson State IN Zip Code 46016-1406 Purpose of Disbursement Other: Consultant - Fund Raising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4813.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) USPS Mailing Address Court Avenue City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement Other: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14022 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>77.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) USPS Mailing Address Court Avenue City Jeffersonville State IN Zip Code 47130 Purpose of Disbursement Other: Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-14023 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>145.07</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5036.50

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.21

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

B.

Full Name (Last, First, Middle Initial)
Ms. Stacy Marshall

Mailing Address PO Box 135

City Greenville State IN Zip Code 47124-0135

Purpose of Disbursement
Inkind: Newspaper Ad

Candidate Name

000
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-I-14314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

650.00

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

C.

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

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement
Other: Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14032

Date of Disbursement

/ /

Amount of Each Disbursement this Period

257.00

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

SUBTOTAL of Disbursements This Page (optional)

959.21

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Broadway Press, LLC Mailing Address 2112 Broadway Street	Transaction ID: B-E-14027 Date of Disbursement <div> <div>08</div> <div>26</div> <div>2008</div> </div>
City Anderson State IN Zip Code 46012-1605 Purpose of Disbursement Other: Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>970.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Keen Screen Mailing Address PO Box 1 City New Albany State IN Zip Code 47151-0001 Purpose of Disbursement Other: Stickers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14005 Date of Disbursement <div> <div>08</div> <div>26</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>468.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Keen Screen Mailing Address PO Box 1 City New Albany State IN Zip Code 47151-0001 Purpose of Disbursement Other: T-Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14028 Date of Disbursement <div> <div>08</div> <div>26</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>258.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1697.29

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)

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
PIP Printing

Mailing Address 1402 Eastern Boulevard

City State Zip Code
Clarksville IN 47129-1706

Purpose of Disbursement
Other: Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14034

Date of Disbursement

/ /

Amount of Each Disbursement this Period

377.19

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

B.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address 1190 E Lewis And Clark Parkway

City State Zip Code
Clarksville IN 47129-7735

Purpose of Disbursement
Other: Cell Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14033

Date of Disbursement

/ /

Amount of Each Disbursement this Period

689.39

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

C.

Full Name (Last, First, Middle Initial)
Ms. Jacqueline M. Guthrie

Mailing Address 1516 Lakeview Drive

City State Zip Code
Keller TX 76248-3276

Purpose of Disbursement
Other: Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

62.75

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

SUBTOTAL of Disbursements This Page (optional)

1129.33

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
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Ms. Sarah Overshiner	Transaction ID: B-E-14031
Mailing Address 405 S Washington Street	Date of Disbursement
City Versailles State IN Zip Code 47042-9428	<div> <div>08</div> <div>26</div> <div>2008</div> </div>
Purpose of Disbursement Other: Mileage & Postage	Amount of Each Disbursement this Period
Candidate Name	<div>59.24</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008	Category/ Type
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
B. Full Name (Last, First, Middle Initial) Mr. Michael S. Summers	Transaction ID: B-E-14029
Mailing Address 823 Applegate Lane Apt. 82	Date of Disbursement
City Clarksville State IN Zip Code 47129-6553	<div> <div>08</div> <div>26</div> <div>2008</div> </div>
Purpose of Disbursement Other: Mileage	Amount of Each Disbursement this Period
Candidate Name	<div>34.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008	Category/ Type
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
C. Full Name (Last, First, Middle Initial) USPS	Transaction ID: B-E-14006
Mailing Address Court Avenue	Date of Disbursement
City Jeffersonville State IN Zip Code 47130	<div> <div>08</div> <div>28</div> <div>2008</div> </div>
Purpose of Disbursement Other: Postage	Amount of Each Disbursement this Period
Candidate Name	<div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2008	Category/ Type
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

SUBTOTAL of Disbursements This Page (optional)

293.74

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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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14007</p> <p>Date of Disbursement <div> <div>08</div> <div>28</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>300.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14008</p> <p>Date of Disbursement <div> <div>08</div> <div>28</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>148.10</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana</p> <p>Mailing Address 201 W Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130-3529</p> <p>Purpose of Disbursement Other: ACH Payroll Fee</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14395</p> <p>Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>35.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <div>483.10</div></p>	
<p>TOTAL This Period (last page this line number only) ► <div></div></p>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
Kenneth D. Anderson

Mailing Address 5574 Featheringill Road

City State Zip Code
Floyds Knobs IN 47119-9528Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

505.69

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Mr. Charles E. Bryant

Mailing Address 5707 Salem Noble Road

City State Zip Code
Charlestown IN 47111-8721Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14011

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

681.97

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Mr. Troy I. Dannenfelter

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Amount of Each Disbursement this Period

396.50

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

1584.16

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mrs. Lori A. Davis	Transaction ID: B-E-14014 Date of Disbursement
Mailing Address 5011 Clover Valley Road NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Ramsey State IN Zip Code 47166-8246	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Salary	<div> <div>60.87</div> </div>
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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Jacqueline M. Guthrie	Transaction ID: B-E-14003 Date of Disbursement
Mailing Address 1516 Lakeview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Keller State TX Zip Code 76248-3276	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Salary	<div> <div>1184.25</div> </div>
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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Jessica L. Howell	Transaction ID: B-E-14013 Date of Disbursement
Mailing Address 111 Quartermaster Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Jeffersonville State IN Zip Code 47130-3627	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Salary	<div> <div>227.57</div> </div>
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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1472.69

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Cesar D. Morales

Mailing Address 4207 Miners Way

City State Zip Code
Sellersburg IN 47172-1782

Purpose of Disbursement

Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-14009

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1118.94

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

B.

Full Name (Last, First, Middle Initial)

Mr. Ryan E. Reger

Mailing Address 1313 E 9th Street

City State Zip Code
Anderson IN 46012-4176

Purpose of Disbursement

Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-14010

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

2014.50

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

C.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Summers

Mailing Address 823 Applegate Lane
Apt. 82

City State Zip Code
Clarksville IN 47129-6553

Purpose of Disbursement

Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-14012

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

479.07

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

SUBTOTAL of Disbursements This Page (optional)

3612.51

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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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Laser Images, Inc.	Transaction ID: B-E-14161
Mailing Address PO Box 32396	Date of Disbursement <div> <div>09</div> <div>02</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40232-2396	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Printer Maintenance	<div>361.64</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> State: District: </div>	<div>Category/ Type</div>
B. Full Name (Last, First, Middle Initial) Lotus Sign & Design	Transaction ID: B-E-14163
Mailing Address 1225 Bringham Drive	Date of Disbursement <div> <div>09</div> <div>02</div> <div>2008</div> </div>
City Sellersburg State IN Zip Code 47172-2028	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Printing	<div>12706.25</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> State: District: </div>	<div>Category/ Type</div>
C. Full Name (Last, First, Middle Initial) Master Productions	Transaction ID: B-E-14162
Mailing Address 9419 W Constellation Drive	Date of Disbursement <div> <div>09</div> <div>02</div> <div>2008</div> </div>
City Pendleton State IN Zip Code 46064-7512	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Website	<div>550.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> State: District: </div>	<div>Category/ Type</div>

SUBTOTAL of Disbursements This Page (optional)

13617.89

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) PM Direct Marketing</p> <p>Mailing Address 11250 Waples Mill Road Suite 310</p> <p>City Fairfax State VA Zip Code 22030-7400</p> <p>Purpose of Disbursement Other: Polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14160 Date of Disbursement <div>09 / 02 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>500.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant</p> <p>Mailing Address 5707 Salem Noble Road</p> <p>City Charlestown State IN Zip Code 47111-8721</p> <p>Purpose of Disbursement Other: Mileage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14159 Date of Disbursement <div>09 / 02 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>257.50</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Welby Edwards</p> <p>Mailing Address 136 Bluff Ridge Road</p> <p>City Jeffersonville State IN Zip Code 47130-8484</p> <p>Purpose of Disbursement Other: Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14004 Date of Disbursement <div>09 / 02 / 2008</div></p> <p>Amount of Each Disbursement this Period <div>750.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1507.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Eurest Dining Services Mailing Address 1 Main Street	Transaction ID: B-E-14167 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div>
City Evansville State IN Zip Code 47708-1464 Purpose of Disbursement Other: Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>263.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Huckaby*Davis*Lisker Mailing Address 228 S Washington Street Suite 200 City Alexandria State VA Zip Code 22314-5404 Purpose of Disbursement Other: Consultant-FEC Compliance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14171 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>946.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Keen Screen Mailing Address PO Box 1 City New Albany State IN Zip Code 47151-0001 Purpose of Disbursement Other: T-Shirts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14169 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>2022.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3232.15

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) McCauley, Nicolas & Company, LLC</p> <p>Mailing Address 702 N Shore Drive Suite 500</p> <p>City Jeffersonville State IN Zip Code 47130-3104</p> <p>Purpose of Disbursement Other: Accounting Service</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14170</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2215.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wilson Research Strategies</p> <p>Mailing Address 324 2nd Street SE</p> <p>City Washington State DC Zip Code 20003-1901</p> <p>Purpose of Disbursement Other: Polling</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14164</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 12750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Slatecard.com PAC</p> <p>Mailing Address 228 S Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314-5404</p> <p>Purpose of Disbursement Other: Credit Card Fee</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14118</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 23.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

14988.69

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial)
Indiana Department of Revenue

Mailing Address PO Box 7221

City Indianapolis State IN Zip Code 46207-7221

Purpose of Disbursement
Other: Withholding Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14316

Date of Disbursement

/ /

Amount of Each Disbursement this Period

738.16

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

B. Full Name (Last, First, Middle Initial)
Your Community Bank of Southern Indiana

Mailing Address 201 W Court Avenue

City Jeffersonville State IN Zip Code 47130-3529

Purpose of Disbursement
Other: Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5144.95

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

C. Full Name (Last, First, Middle Initial)
Kaiser Wholesale, Inc.

Mailing Address PO Box 1115

City New Albany State IN Zip Code 47151-1115

Purpose of Disbursement
Other: Parade Candy

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14318

Date of Disbursement

/ /

Amount of Each Disbursement this Period

269.64

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

SUBTOTAL of Disbursements This Page (optional)

6152.75

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
Keen Screen

Mailing Address PO Box 1

City State Zip Code
New Albany IN 47151-0001

Purpose of Disbursement
Other: T-Shirts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

258.00

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

B.

Full Name (Last, First, Middle Initial)
Kellum Imprints & Awards

Mailing Address 1675 Highway 64 NW

City State Zip Code
Ramsey IN 47166-8546

Purpose of Disbursement
Other: Shirts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

74.45

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

C.

Full Name (Last, First, Middle Initial)
Shawe 8th Grade

Mailing Address c/o Melissa Reuss
1421 Cherokee Court

City State Zip Code
Madison IN 47250

Purpose of Disbursement
Other: Garbage Bags

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14323

Date of Disbursement

/ /

Amount of Each Disbursement this Period

164.00

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

SUBTOTAL of Disbursements This Page (optional)

496.45

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

State: District:

1869.53

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-14325</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Welby Edwards</p> <p>Mailing Address 136 Bluff Ridge Road</p> <p>City Jeffersonville State IN Zip Code 47130-8484</p> <p>Purpose of Disbursement Other: Utilities-Duke Energy & Vectre</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-14324</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 255.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant</p> <p>Mailing Address 5707 Salem Noble Road</p> <p>City Charlestown State IN Zip Code 47111-8721</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-14315</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 681.97</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1087.01

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR 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)
Friends of Mike Sodrel**A.**

Full Name (Last, First, Middle Initial)

Mr. Troy I. Dannenfelser

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14326

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

396.50

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

Full Name (Last, First, Middle Initial)

Ms. Jacqueline M. Guthrie

Mailing Address 1516 Lakeview Drive

City State Zip Code
Keller TX 76248-3276Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

1184.25

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

Full Name (Last, First, Middle Initial)

Ms. Jessica L. Howell

Mailing Address 111 Quartermaster Court

City State Zip Code
Jeffersonville IN 47130-3627Purpose of Disbursement
Other: Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14329

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	8

Amount of Each Disbursement this Period

338.68

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

1919.43

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Cesar D. Morales

Mailing Address 4207 Miners Way

City State Zip Code
Sellersburg IN 47172-1782

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1118.94

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

B.

Full Name (Last, First, Middle Initial)

Mr. Nicholas L. Peay

Mailing Address 6659 Saint Marys Road

City State Zip Code
Floyds Knobs IN 47119-9134

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14328

Date of Disbursement

/ /

Amount of Each Disbursement this Period

578.49

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

C.

Full Name (Last, First, Middle Initial)

Mr. Ryan E. Reger

Mailing Address 1313 E 9th Street

City State Zip Code
Anderson IN 46012-4176

Purpose of Disbursement
Other: Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2014.50

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

SUBTOTAL of Disbursements This Page (optional)

3711.93

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mr. Michael S. Summers</p> <p>Mailing Address 823 Applegate Lane Apt. 82</p> <p>City Clarksville State IN Zip Code 47129-6553</p> <p>Purpose of Disbursement Other: Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14332 Date of Disbursement <div> <div>09</div> <div>15</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>479.07</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14410 Date of Disbursement <div> <div>09</div> <div>16</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>209.55</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14411 Date of Disbursement <div> <div>09</div> <div>17</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>150.57</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

839.19

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
Slatecard.com PACMailing Address 228 S Washington Street
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement
Other: Credit Card Fee

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Amount of Each Disbursement this Period

89.06

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Arvey Paper & Office Products

Mailing Address 120 E Market Street

City Louisville State KY Zip Code 40202-1306

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5459

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

199.58

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)**C.**Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement
Other: Telephone

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14401

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

257.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

346.06

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290-1309

Purpose of Disbursement
Telephone

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5449

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

32.09

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)**B.**Full Name (Last, First, Middle Initial)
Fifth Third Bank

Mailing Address PO Box 740789

City Cincinnati State OH Zip Code 45274-0789

Purpose of Disbursement
Other: Office Supp, Postage, Travel, Int

Candidate Name

Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14409

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

6637.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53Original vendors exceeding
reporting threshold itemi-
zed as memo transactions.**C.**Full Name (Last, First, Middle Initial)
Insight Communication

Mailing Address PO Box 740273

City Cincinnati State OH Zip Code 45274-0273

Purpose of Disbursement
Internet

Candidate Name

001
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5450

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

346.59

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)

SUBTOTAL of Disbursements This Page (optional)

6637.19

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Keen Screen Mailing Address PO Box 1	Transaction ID: B-E-14402 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City New Albany State IN Zip Code 47151-0001 Purpose of Disbursement Other: Hats Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>260.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Krogers Mailing Address 2956 E 10th Street City Jeffersonville State IN Zip Code 47130-5914 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-5448 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>105.52</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(09/22/08)
C. Full Name (Last, First, Middle Initial) Louisville Bats Mailing Address 401 E Main Street City Louisville State KY Zip Code 40202-1110 Purpose of Disbursement Food & Beverages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-5454 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>80.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(09/22/08)

SUBTOTAL of Disbursements This Page (optional)

260.00

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
Lowe's

Mailing Address Hwy 131

City Clarksville State IN Zip Code 47129

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5446

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

271.86

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)**B.**Full Name (Last, First, Middle Initial)
Marathon Oil

Mailing Address 50 S Morton Street

City Franklin State IN Zip Code 46131-2102

Purpose of Disbursement
Fuel

Candidate Name

001
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5456

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

41.34

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)**C.**Full Name (Last, First, Middle Initial)
McCauley, Nicolas & Company, LLCMailing Address 702 N Shore Drive
Suite 500

City Jeffersonville State IN Zip Code 47130-3104

Purpose of Disbursement
Other: Accounting Service

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

1428.00

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

SUBTOTAL of Disbursements This Page (optional) ►

1428.00

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 PageFOR 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)
Friends of Mike Sodrel**A.**Full Name (Last, First, Middle Initial)
Meijer, Inc.

Mailing Address 2750 Allison Lane

City Jeffersonville State IN Zip Code 47130-5952

Purpose of Disbursement
Office Supplies

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5443

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

33.80

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)**B.**Full Name (Last, First, Middle Initial)
Office Depot, Inc.

Mailing Address 706 W Highway 131

City Clarksville State IN Zip Code 47129-1535

Purpose of Disbursement
Office Supplies

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5445

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

280.46

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)**C.**Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1250 Veterans Parkway

City Clarksville State IN Zip Code 47129-2394

Purpose of Disbursement
Office Supplies

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5442

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	0	8

Amount of Each Disbursement this Period

1910.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**Subitemization of Fifth
Third Bank(09/22/08)

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) The Howey Political Report	Transaction ID: B-S-5451 Date of Disbursement
Mailing Address PO Box 40265	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City Indianapolis State IN Zip Code 46240-0265	Amount of Each Disbursement this Period <div>550.00</div>
Purpose of Disbursement Advertising Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Fifth Third Bank(09/22/08)	
B. Full Name (Last, First, Middle Initial) The Kingmakers LLC	Transaction ID: B-E-14400 Date of Disbursement
Mailing Address 12 W 8th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City Anderson State IN Zip Code 46016-1406	Amount of Each Disbursement this Period <div>4104.74</div>
Purpose of Disbursement Other: Consultant - Fund Raising Candidate Name	<div> <div></div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) The Strategy Group for Media, Inc.	Transaction ID: B-E-14406 Date of Disbursement
Mailing Address 7669 Stagers Loop	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City Delaware State OH Zip Code 43015-7010	Amount of Each Disbursement this Period <div>15000.00</div>
Purpose of Disbursement Other: Advertising Candidate Name	<div> <div></div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
SUBTOTAL of Disbursements This Page (optional)	<div>19104.74</div>
TOTAL This Period (last page this line number only)	<div></div>

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address Court Avenue

City State Zip Code
Jeffersonville IN 47130

Purpose of Disbursement
Postage

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5441

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

319.65

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(09/22/08)

B.

Full Name (Last, First, Middle Initial)
Warren Printing Services

Mailing Address 2035 S Gethsemane Road NW

City State Zip Code
Corydon IN 47112-6733

Purpose of Disbursement
Printing

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-S-5458

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

2054.40

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

[MEMO ITEM]

Subitemization of Fifth
Third Bank(09/22/08)

C.

Full Name (Last, First, Middle Initial)
Mr. Troy I. Dannenfelter

Mailing Address 3801 E Luther Road

City State Zip Code
Floyds Knobs IN 47119-9609

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: B-E-14405

Date of Disbursement

09 / 22 / 2008

Amount of Each Disbursement this Period

112.50

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

SUBTOTAL of Disbursements This Page (optional)

112.50

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:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfelser Mailing Address 3801 E Luther Road	Transaction ID: B-E-14407 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9609 Purpose of Disbursement Other: Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>126.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Strategic Media Placement, Inc. Mailing Address 41 S High Street City State Zip Code Columbus OH 43215-6101 Purpose of Disbursement Other: Radio Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14516 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>21000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Strategic Media Placement, Inc. Mailing Address 41 S High Street City State Zip Code Columbus OH 43215-6101 Purpose of Disbursement Other: Cable TV Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14517 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>20000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

41126.25

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana</p> <p>Mailing Address 201 W Court Avenue</p> <p>City Jeffersonville State IN Zip Code 47130-3529</p> <p>Purpose of Disbursement Other: Wire Transfer Fee</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14572</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>2 6</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sodrel Truck Lines, Inc.</p> <p>Mailing Address One Sodrel Drive</p> <p>City Jeffersonville State IN Zip Code 47130</p> <p>Purpose of Disbursement Other: TrailerLotBannerRental/Mileage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14514</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>2 9</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>453.80</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Charles E. Bryant</p> <p>Mailing Address 5707 Salem Noble Road</p> <p>City Charlestown State IN Zip Code 47111-8721</p> <p>Purpose of Disbursement Other: Mileage</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>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-14511</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 9</div> <div>2 9</div> <div>2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div>290.53</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

764.33

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Greg Carter	Transaction ID: B-E-14509 Date of Disbursement
Mailing Address 8705 S County Road 310 W	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Commiskey State IN Zip Code 47227-8701	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Meat for Fundraiser	<div> <div>680.00</div> </div>
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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ms. Jacqueline M. Guthrie	Transaction ID: B-E-14510 Date of Disbursement
Mailing Address 1516 Lakeview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Keller State TX Zip Code 76248-3276	Amount of Each Disbursement this Period
Purpose of Disbursement Other: Postage	<div> <div>173.71</div> </div>
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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Your Community Bank of Southern Indiana	Transaction ID: B-E-14534 Date of Disbursement
Mailing Address 201 W Court Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City Jeffersonville State IN Zip Code 47130-3529	Amount of Each Disbursement this Period
Purpose of Disbursement Other: ACH Payroll Fee	<div> <div>35.00</div> </div>
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 State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

888.71

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) Mr. Troy I. Dannenfelser Mailing Address 3801 E Luther Road	Transaction ID: B-E-14519 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div>
City State Zip Code Floyds Knobs IN 47119-9609 Purpose of Disbursement Other: Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div></div> <div>396.50</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Ms. Jessica L. Howell Mailing Address 111 Quartermaster Court City State Zip Code Jeffersonville IN 47130-3627 Purpose of Disbursement Other: Mileage & Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14515 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>60.02</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Mr. Ryan E. Reger Mailing Address 1313 E 9th Street City State Zip Code Anderson IN 46012-4176 Purpose of Disbursement Other: Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-14512 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>900.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1356.52

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)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Michael S. Summers

Mailing Address 823 Applegate Lane
Apt. 82

City State Zip Code
Clarksville IN 47129-6553

Purpose of Disbursement
Other: Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: B-E-14513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	8

Amount of Each Disbursement this Period

37.25

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

SUBTOTAL of Disbursements This Page (optional)

37.25

TOTAL This Period (last page this line number only)

290801.10

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 177 / 179

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)
Friends of Mike Sodrel

A.

Full Name (Last, First, Middle Initial)

Mr. Michael E. Sodrel

Mailing Address 3008 E Lobo Ridge

City State Zip Code
New Albany IN 47150-9596

Purpose of Disbursement
Loan Repayment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: 2004
☐ Primary ☐ General
☒ Other (specify) ▼
 G2004

Transaction ID: B-R-2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2680.00

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

SUBTOTAL of Disbursements This Page (optional)

2680.00

TOTAL This Period (last page this line number only)

2680.00

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

Transaction ID: SC/10-L2

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mr. Michael E. Sodrel, (Personal Funds) - [PE-
PERSONAL FUNDS]

Election:

☐ Primary
☐ General
☒ Other (specify) ▼

G2004

Mailing Address 3008 E Lobo Ridge

City New Albany State IN ZIP Code 47150-9596

Original Amount of Loan

250000.00

Cumulative Payment To Date

11680.00

Balance Outstanding at Close of This Period

238320.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 3Y Y Y Y
2 0 0 4

12/31/2009

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

238320.00

TOTALS This Period (last page in this line only) ▶

238320.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 179 / 179

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Friends of Mike Sodrel

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Focused Capitol Solutions, LLC

Nature of Debt (Purpose):
Other: Strategic Advisor &
Campaign E

Mailing Address 425 Walnut Street
Suite 1800

City State ZIP Code
Cincinnati OH 45202-3948

Outstanding Balance Beginning This Period

4000.00

Transaction ID: SD10-DEBT13471

Amount Incurred This Period

0.00

Payment This Period

4000.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

238320.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

238320.00