

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 245
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)
Hoosiers for Rokita, Inc.

<p>A. Full Name (Last, First, Middle Initial) Choate, Arthur, Bourne, Mr.,</p> <p>Mailing Address 1390 S Dixie Hwy Ste 2221</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City Coral Gables</td> <td style="width: 10%;">State FL</td> <td style="width: 60%;">Zip Code 33146-2946</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Employer Artmarine, Inc.</td> <td style="width: 70%;">Occupation Executive</td> </tr> </table> <p>Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	City Coral Gables	State FL	Zip Code 33146-2946	Name of Employer Artmarine, Inc.	Occupation Executive	<p>Date of Receipt 01 / 30 / 2018</p> <p>Transaction ID : AF1696E268E7142F0BC9</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
City Coral Gables	State FL	Zip Code 33146-2946				
Name of Employer Artmarine, Inc.	Occupation Executive					
<p>B. Full Name (Last, First, Middle Initial) Yates, John, Joseph, Mr., Jr</p> <p>Mailing Address 2500 E US Highway 136</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City Crawfordsville</td> <td style="width: 10%;">State IN</td> <td style="width: 60%;">Zip Code 47933-7901</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Employer Retired</td> <td style="width: 70%;">Occupation Retired</td> </tr> </table> <p>Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2700.00</p>	City Crawfordsville	State IN	Zip Code 47933-7901	Name of Employer Retired	Occupation Retired	<p>Date of Receipt 03 / 23 / 2018</p> <p>Transaction ID : AA18D653F38FB49FCBC1</p> <p>Amount of Each Receipt this Period -1700.00</p> <p><input type="checkbox"/> Memo Item</p>
City Crawfordsville	State IN	Zip Code 47933-7901				
Name of Employer Retired	Occupation Retired					
<p>C. Full Name (Last, First, Middle Initial) Judd, Julie, A, Mrs.,</p> <p>Mailing Address 10042 Hickory Ridge Dr</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City Zionsville</td> <td style="width: 10%;">State IN</td> <td style="width: 60%;">Zip Code 46077-9422</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name of Employer Indiana University Health Physicians</td> <td style="width: 70%;">Occupation RN</td> </tr> </table> <p>Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1100.00</p>	City Zionsville	State IN	Zip Code 46077-9422	Name of Employer Indiana University Health Physicians	Occupation RN	<p>Date of Receipt 02 / 08 / 2018</p> <p>Transaction ID : A52A2300E7FF54AE4A6F</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Memo Item</p>
City Zionsville	State IN	Zip Code 46077-9422				
Name of Employer Indiana University Health Physicians	Occupation RN					
<p>SUBTOTAL of Receipts This Page (optional)..... ➤</p> <p>TOTAL This Period (last page this line number only)..... ➤</p>		<p>2800.00</p> <p></p>				