

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Mike Pence Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Roberts Dailey 3410 W. Fox Ridge Ln. Muncie IN 47304	ADM Real Estate	6-26-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Broker		
Aggregate Year-to-Date > \$ 500			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael B. Davis 618 Round Hill Road Indianapolis IN 46260	Best Homes Division Davis Homes	6-27-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner		
Aggregate Year-to-Date > \$ 600			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph S. Dawson 7899 High Dr. Indianapolis IN 46240-2517	Self	6-9-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Land Developer Res. Constr.		
Aggregate Year-to-Date > \$ 1,000			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christel DeHaan 6330 Mayfield Lane Zionsville IN 46077	DeHaan Foundation	6-28-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman		
Aggregate Year-to-Date > \$ 2,000			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C. Dennis 7901 Lantern Rd. Indianapolis IN 46256	Liberty Fund, Inc.	5-4-00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive		
Aggregate Year-to-Date > \$ 500			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. Denton, M.D. 12550 Highlands Place Fishers IN 46038	Information Requested	5-30-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:		
Aggregate Year-to-Date > \$ 500			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rollin M. Dick 9085 E. SR 334 Zionsville IN 46077		6-16-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
Aggregate Year-to-Date > \$ 1,000			

SUBTOTAL of Receipts This Page (optional)

4,200.00

TOTAL This Period (last page this line number only)