

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER **11A**

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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
Raymond Schwaller 6733 Park Ln Palos Hills IL 60463	Schwaller Brockhaus		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent, Consultant	6-26-00	1,000.00
	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Seitz 7818 Inverness Ct. Indianapolis IN 46237-9680	AXA Advisors, LLC		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Representative	4-14-00	1,000.00
	Aggregate Year-to-Date > \$ 1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.D. Shafer P O Box 548 Muncie IN 47308--548	Muncie Power Products		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	6-8-00	500.00
	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phyllis C. Shafer 3500 W. Gatewood Lane Muncie In 47304-0548	Muncie Power Products		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	6-8-00	500.00
	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian J. Shuff 8642 Highwoods Lane Indianapolis IN 46278	Information Requested		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	6-30-00	1,000.00
	Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack A. Simmons 16411 W. 50th Avenue Golden CO 80403	Unipac		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bankruptcy Coordinator	6-30-00	1,000.00
	Aggregate Year-to-Date > \$ 1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynda S. Simmons 16411 W. 50th Avenue Golden CO 80403			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	6-30-00	1,000.00
	Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)