

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

Mike Pence Committee

ADDRESS (number and street)

P, O, Box 408

Check if different than previously reported. (ACC)

Anderson IN 46015

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE STATE DISTRICT

C00350397

3. IS THIS REPORT NEW (N) OR AMENDED (A)

IN 06

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 11 04 2008 in the State of IN

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 01 01 2008 through 04 16 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 Steve Ford

Signature of Treasurer Electronically Filed by Steve Ford Date 04 24 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) |
|-----------------|--|--|--|--|--|--|--|--|--|--|

FE5AN018

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mike Pence Committee

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | 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))..... | 161005.32 | 961243.00 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 1612.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 161005.32 | 959631.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 188850.79 | 694544.77 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 190.00 | 3254.96 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 188660.79 | 691289.81 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 641575.48 | |
| 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)..... | 0.00 | |

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)

Write or Type Committee Name
Mike Pence Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 1 | 6 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 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).....

120219.72

623239.55

(ii) Unitemized.....

9928.50

49602.25

(iii) TOTAL of contributions

130148.22

672841.80

from individuals..... ▶

0.00

1860.00

(b) Political Party Committees.....

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

30857.10

286541.20

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

161005.32

961243.00

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

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

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

190.00

3254.96

15. OTHER RECEIPTS

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

6854.87

21138.37

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

168050.19

985636.33

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 188850.79 | 694544.77 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 1612.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 1612.00 |
| 21. OTHER DISBURSEMENTS..... | 889.29 | 112539.29 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 189740.08 | 808696.06 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 663265.37 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 168050.19 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 831315.56 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 189740.08 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 641575.48 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Wiley Rein LLP

Mailing Address 1776 K Street NW
No Partners Require Itemization

City Washington State DC Zip Code 20006

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

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 Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80423.C14375

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Locke Reynolds LLP

Mailing Address 201 N. Illinois St., Ste. 100

City Indianapolis State IN Zip Code 46244

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

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 Y
 0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14265

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Rex Bennett

Mailing Address 4630 Fox Moor Ln.

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation
Locke Reynolds LLP Attorney

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 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14266

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership->Locke Reynolds LLP

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: (check only one) | PAGE 6 / 175 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | | | |
|--|--|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Ken Abramowitz | | Date of Receipt |
| | Mailing Address P.O. Box 958 | | <input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Southport | CT | 06890 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer New Global Network Capital | | Occupation INVESTOR | Transaction ID: 80423.C14070 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | | <input type="text" value="2000.00"/> |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text" value="2000.00"/> | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|--|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Lois Ackerman | | Date of Receipt |
| | Mailing Address 8910 Purdue Rd. #690 | | <input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Carmel | IN | 46032 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Cardinal Ventures | | Occupation partner | Transaction ID: 80423.C14046 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | | <input type="text" value="1000.00"/> |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text" value="1000.00"/> | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Rod Autrey | | Date of Receipt |
| | Mailing Address 1119 N. Madison Ave. | | <input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2008"/> |
| | City | State | Zip Code |
| | Anderson | IN | 46011 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer self | | Occupation Client Development | Transaction ID: 80423.C14282 |
| Receipt For: 2008 | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | | <input type="text" value="250.00"/> |
| <input type="checkbox"/> Other (specify) ▼ | | <input type="text" value="298.00"/> | Receipt |
| | | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="3250.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <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 type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 7 / 175 |
|---|--|--------------|

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) James Bailey | Date of Receipt MM / DD / YYYY 03 / 14 / 2008 |
| | Mailing Address 6805 East 1200 South-90 | Transaction ID: 80423.C14194 |
| | City State Zip Code Geneva IN 46740-9428 | Amount of Each Receipt this Period 150.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Retired | Occupation Retired | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 300.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Steven Baumann | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 8865 NW Winchester Rd. | Transaction ID: 80423.C14369 |
| | City State Zip Code Decatur IN 46733 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Thunderbird Products | Occupation MANAGER | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) John Benjamin | Date of Receipt MM / DD / YYYY 02 / 06 / 2008 |
| | Mailing Address 14626 Back Dr. #614 | Transaction ID: 80423.C14395 |
| | City State Zip Code Carmel IN 46033 | Amount of Each Receipt this Period 420.00 |
| | FEC ID number of contributing federal political committee. C | In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Outback Steakhouse | Occupation VP | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 420.00 | 003 catering |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 820.00 |
| 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 8 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
David Bobilya

Mailing Address 6329 Shady Creek Ct.

City State Zip Code
Fort Wayne IN 46814

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pizza Hut of Fort Wayne Treasurer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14297

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jack Bovender Jr.

Mailing Address 520 Belle Meade Blvd.

City State Zip Code
Nashville TN 37205

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hospital Corp. of America CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 8

Transaction ID: 80423.C14034

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jeanne Bowen

Mailing Address 21 S. Creedmoor Way

City State Zip Code
Anderson IN 46011

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 80131.C14013

Amount of Each Receipt this Period
500.00

Receipt
 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 9 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Jeanne Bowen</p> <p>Mailing Address 21 S. Creedmoor Way</p> <p>City State Zip Code Anderson IN 46011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HOMEMAKER Occupation HOMEMAKER</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1750.00</p> | <p>Date of Receipt MM / DD / YYYY 03 / 31 / 2008</p> <p>Transaction ID: 80423.C14106</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Bill Butterfield</p> <p>Mailing Address 5001 Plaza East Blvd, Suite C</p> <p>City State Zip Code Evansville IN 47715</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation Business Executive</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1500.00</p> | <p>Date of Receipt MM / DD / YYYY 04 / 16 / 2008</p> <p>Transaction ID: 80423.C14215</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Victor Campbell</p> <p>Mailing Address 1307 Chickering Rd.</p> <p>City State Zip Code Nashville TN 37215</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hospital Corp. of America Occupation Senior Vice President</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p> | <p>Date of Receipt MM / DD / YYYY 03 / 17 / 2008</p> <p>Transaction ID: 80423.C14035</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|---|
| 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 10 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Elloine Clark
Mailing Address 3838 Oak Lawn Ave., Ste. 911
City State Zip Code
Dallas TX 75219
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Retired Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt MM / DD / YYYY
03 / 17 / 2008
Transaction ID: 80423.C14038
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Cleveland
Mailing Address 1108 Ivywood Ct.
City State Zip Code
New Castle IN 47362
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
CMH & Associates Manufacturing Rep.
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 548.00
Date of Receipt MM / DD / YYYY
03 / 14 / 2008
Transaction ID: 80423.C14053
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Larry Contos
Mailing Address 108 Beauvoir Circle
City State Zip Code
Anderson IN 46011
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Contos Enterprises Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00
Date of Receipt MM / DD / YYYY
03 / 17 / 2008
Transaction ID: 80423.C14169
Amount of Each Receipt this Period 100.00
Receipt
 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 11 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) James Crail</p> <p>Mailing Address 2770 S. 1200 E.</p> <p>City State Zip Code Zionsville IN 46077</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Kirby Risk, Inc CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">1250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8</p> <p>Transaction ID: 80423.C14092</p> <p>Amount of Each Receipt this Period 1250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Bernadien Crosby</p> <p>Mailing Address 117 Siddle Dr</p> <p>City State Zip Code Cody WY 82414</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Retired Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">348.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8</p> <p>Transaction ID: 80423.C14280</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>C. Full Name (Last, First, Middle Initial) Barbara Crow</p> <p>Mailing Address 3637 Stratford Ave.</p> <p>City State Zip Code Dallas TX 75205</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation HOMEMAKER HOMEMAKER</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 8</p> <p>Transaction ID: 80423.C14039</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 1850.00 |
| 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 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Robert Nathaniel Crow

Mailing Address P.O. Box 720010

City State Zip Code
Dallas TX 75372

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
INVESTOR

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 17 / 2008

Transaction ID: 80423.C14040

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Bill Davis

Mailing Address 210 Williamson Drive

City State Zip Code
Portland IN 47371

FEC ID number of contributing federal political committee. C

Name of Employer Limestone Products, Inc. Occupation
OWNER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80423.C14098

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Maclin Davis

Mailing Address 511 Union St., Ste. 2100

City State Zip Code
Nashville TN 37219

FEC ID number of contributing federal political committee. C

Name of Employer Waller Lansden Dortch & Davis Occupation
Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: 80423.C14059

Amount of Each Receipt this Period
500.00

Receipt
 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 13 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
E. Mark Deister

Mailing Address 13110 Aboite Center Rd

City State Zip Code
Fort Wayne IN 46814

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Deister Machine Co. OWNER

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 7 / 2 0 0 8

Transaction ID: 80423.C14077

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Stephen Dixon

Mailing Address 1101 N. Tyrone Rd.

City State Zip Code
Muncie IN 47304

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Beckett Bronze & Co. OWNER

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80423.C14189

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Peter Drumm

Mailing Address 207 N. High St.

City State Zip Code
Muncie IN 47305

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self Attorney

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

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 8

Transaction ID: 80423.C14066

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 2200.00

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Cathy Dunn
Mailing Address 2574 Union St.
City Columbus State IN Zip Code 47201
FEC ID number of contributing federal political committee. **C**
Name of Employer: Dunn & Associates Benefit Admi Occupation: President/Owner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1250.00
Date of Receipt: 03 / 31 / 2008
Transaction ID: 80423.C14366
Amount of Each Receipt this Period: 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Raymond Dusman
Mailing Address 2109 Turnberry Lane
City Fort Wayne State IN Zip Code 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer: Fort Wayne Cardiology Occupation: Adult Cardiologist
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt: 04 / 16 / 2008
Transaction ID: 80423.C14285
Amount of Each Receipt this Period: 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Matt Dyer
Mailing Address 216 Adams St.
City Decatur State IN Zip Code 46733
FEC ID number of contributing federal political committee. **C**
Name of Employer: Eichhorn Jewelry Inc. Occupation: Jeweler
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt: 04 / 12 / 2008
Transaction ID: 80423.C14240
Amount of Each Receipt this Period: 250.00
Receipt
 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 15 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Rexford Early

Mailing Address 8315 Union Chapel Rd.

City State Zip Code
Indianapolis IN 46240

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

Name of Employer
Consolidated Insurance Agency

Occupation
Insurance

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 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14292

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Robert Edwards

Mailing Address 2430 Cedar Bend

City State Zip Code
Anderson IN 46011

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

Name of Employer
Retired

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 3 / 1 4 / 2 0 0 8

Transaction ID: 80423.C14184

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Eileen Eichhorn

Mailing Address 946 Mercer Ave.

City State Zip Code
Decatur IN 46733

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

Name of Employer
Eichhorn Jewelry Inc.

Occupation
Gemologist

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 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14231

Amount of Each Receipt this Period

250.00

Receipt

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: (check only one) | PAGE 16 / 175 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Stuart Epperson | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 3780 Will Scarlet Road | Transaction ID: 80423.C14105 |
| | City State Zip Code Winston Salem NC 27104 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer self Occupation Broadcaster | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Fred Fehsenfeld | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address PO Box 68123 5400 West 86th Street | Transaction ID: 80423.C14227 |
| | City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer The Heritage Group Occupation Managing Trustee | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

| | | |
|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Fred Fehsenfeld | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address PO Box 68123 5400 West 86th Street | Transaction ID: 80423.C14228 |
| | City State Zip Code Indianapolis IN 46268 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer The Heritage Group Occupation Managing Trustee | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4600.00 | |

| | |
|--|---------|
| 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 17 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Janice Fisher

Mailing Address P.O. Box 1408

City State Zip Code
Muncie IN 47308

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

Name of Employer Retired Occupation Retired

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

3550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14217

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
John Fisher

Mailing Address P.O. Box 1408

City State Zip Code
Muncie IN 47308

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

Name of Employer Retired Occupation Retired

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

3550.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14216

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Charles Frankhouser

Mailing Address 1518 Wood Moor Drive

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Fort Wayne Med Lab Occupation Doctor

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14273

Amount of Each Receipt this Period
1000.00

Receipt
 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 18 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Stephen Fredericks

Mailing Address 2626 West Huntsville Road

City State Zip Code
Pendleton IN 46064

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

Name of Employer
Fredericks Inc.

Occupation
Construction

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80423.C14097

Amount of Each Receipt this Period

300.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
William Fredericks

Mailing Address 2604 West Huntsville Road

City State Zip Code
Pendleton IN 46064

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

Name of Employer
Fredericks Inc.

Occupation
contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80423.C14103

Amount of Each Receipt this Period

200.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
William Fredericks

Mailing Address 2604 West Huntsville Road

City State Zip Code
Pendleton IN 46064

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

Name of Employer
Fredericks Inc.

Occupation
contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80423.C14104

Amount of Each Receipt this Period

800.00

Receipt

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 19 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Deanna Freeland

Mailing Address 7100 W . Jefferson Blvd.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008

Transaction ID: 80423.C14222

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Deanna Freeland

Mailing Address 7100 W . Jefferson Blvd.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008

Transaction ID: 80423.C14221

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Richard Freeland

Mailing Address 7100 W. Jefferson Blvd.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation
Pizza Hut OWNER

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

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008

Transaction ID: 80423.C14219

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4900.00**

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Richard Freeland

Mailing Address 7100 W. Jefferson Blvd.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer Occupation
Pizza Hut OWNER

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14220

Amount of Each Receipt this Period
2300.00

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

4600.00

B. Full Name (Last, First, Middle Initial)
William Gaither

Mailing Address P.O. Box 737

City State Zip Code
Alexandria IN 46001

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

Name of Employer Occupation
Gaither Music Company Owner/writer

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14267

Amount of Each Receipt this Period
500.00

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

500.00

C. Full Name (Last, First, Middle Initial)
Alan Garner

Mailing Address 22 Quaker Lane

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8

Transaction ID: 80423.C14363

Amount of Each Receipt this Period
250.00

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

250.00

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 21 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
John R. Gaylor
Mailing Address 16270 Quartz Dr.
City Noblesville State IN Zip Code 46060
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008
Transaction ID: 80423.C14094
Amount of Each Receipt this Period
1000.00

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

Name of Employer Associated Builders and Contractors
Occupation GOVERNMENT RELATIONS
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

B. Full Name (Last, First, Middle Initial)
Steven Gerber
Mailing Address 11318 Pine Orchard Cove
City Fort Wayne State IN Zip Code 46845
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008
Transaction ID: 80423.C14295
Amount of Each Receipt this Period
250.00

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

Name of Employer Information Requested
Occupation Information Requested
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

C. Full Name (Last, First, Middle Initial)
Chuck Goodrich
Mailing Address 6104 Maple Grove Way
City Noblesville State IN Zip Code 46062
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008
Transaction ID: 80423.C14095
Amount of Each Receipt this Period
250.00

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

Name of Employer Gaylor Electric
Occupation V.P.
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

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 22 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Howard Graninger

Mailing Address 9793 W. Ridgeway Ct.

City Columbus State IN Zip Code 47201

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14051
 Amount of Each Receipt this Period 200.00

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

B. Full Name (Last, First, Middle Initial)
Hollis Griffin

Mailing Address 70 East Cedar Street

City Chicago State IL Zip Code 60611

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14114
 Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
David Haist

Mailing Address P.O. Box 127

City Grabill State IN Zip Code 46741

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

Name of Employer Do It Best Corp. Occupation SALES

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14085
 Amount of Each Receipt this Period 500.00

Receipt
 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 23 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Kenneth Hamilton
Mailing Address 120 E 73rd St
City Indianapolis State IN Zip Code 46240-3007
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14043
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard Hamm
Mailing Address 2266 Walnut Lane
City Richmond State IN Zip Code 47374
FEC ID number of contributing federal political committee. C
Name of Employer Paul Casket Co Inc Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 296.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14054
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Carolyn Hardacre
Mailing Address 33 Beauvoir Circle
City Anderson State IN Zip Code 46011
FEC ID number of contributing federal political committee. C
Name of Employer Retired Occupation Government Employee
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14192
Amount of Each Receipt this Period 100.00
Receipt
 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 24 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Hart Hasten

Mailing Address 901 Roundtable Ct.

City Indianapolis State IN Zip Code 46260

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

Name of Employer Hasten Bancorp Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80423.C14078
 Amount of Each Receipt this Period 2300.00

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

B. Full Name (Last, First, Middle Initial)
Simona Hasten

Mailing Address 901 Roundtable Ct.

City Indianapolis State IN Zip Code 46260

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80423.C14079
 Amount of Each Receipt this Period 2300.00

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

C. Full Name (Last, First, Middle Initial)
Rick Hawks

Mailing Address 7004 Melody Lane

City Fort Wayne State IN Zip Code 46804

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

Name of Employer The Chapel Occupation Senior Pastor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14293
 Amount of Each Receipt this Period 500.00

Receipt
 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 25 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
James Henderson
Mailing Address 4228 Riverside Dr.
City Columbus State IN Zip Code 47203
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 1000.00
Transaction ID: 80423.C14263
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Lacy Herrmann
Mailing Address 380 Madison Ave., Ste. 2300
City New York State NY Zip Code 10017
FEC ID number of contributing federal political committee. **C**
Name of Employer Aquila Investment Mgmt. L.L.C. Occupation Chairman
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 1750.00
Transaction ID: 80423.C14393
In-Kind
003 catering
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lacy Herrmann
Mailing Address 380 Madison Ave., Ste. 2300
City New York State NY Zip Code 10017
FEC ID number of contributing federal political committee. **C**
Name of Employer Aquila Investment Mgmt. L.L.C. Occupation Chairman
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Amount of Each Receipt this Period 50.00
Transaction ID: 80423.C14253
Receipt
 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 26 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
George Hillenbrand
Mailing Address 330 Mitchell Ave
City Batesville State IN Zip Code 47006
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 25 / 2008
Transaction ID: 80423.C14341
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ron Hinton, Jr.
Mailing Address P.O. Box 2118
City Anderson State IN Zip Code 46018
FEC ID number of contributing federal political committee. **C**
Name of Employer Partners N Concrete, Inc. Occupation OWNER
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14207
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas Hodgman, Sr.
Mailing Address 731 Sasco Hill Road
City Fairfield State CT Zip Code 06430
FEC ID number of contributing federal political committee. **C**
Name of Employer Dock Street Asset Management Occupation INVESTMENT ADVISOR
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80423.C14111
Amount of Each Receipt this Period 150.00
Receipt
 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 27 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Becky Holdman
Mailing Address 2467 W 1000 N.
City Markle State IN Zip Code 46770
FEC ID number of contributing federal political committee. C

Name of Employer Northern Wells Comm. Schools Occupation TEACHER
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 12 / 2008
Transaction ID: 80423.C14230
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Travis Holdman
Mailing Address 2467 W. 1000 N.
City Markle State IN Zip Code 46770
FEC ID number of contributing federal political committee. C

Name of Employer Holdman Consultant Occupation Attorney/Consultant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt MM / DD / YYYY
04 / 12 / 2008
Transaction ID: 80423.C14229
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bert Hollman
Mailing Address 7112 St. Rd. 1
City Spencerville State IN Zip Code 46788
FEC ID number of contributing federal political committee. C

Name of Employer Steel Dynamics Occupation V.P.
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2008
Transaction ID: 80423.C14086
 Amount of Each Receipt this Period 500.00
 Receipt
 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 28 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Marsha Hunt
Mailing Address 2440 W. Carr Hill Rd.
City Columbus State IN Zip Code 47201
FEC ID number of contributing federal political committee. **C**
Name of Employer Cummins Occupation EXECUTIVE
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14042
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Linda Irmischer
Mailing Address 10401 Mohawk Ct.
City Fort Wayne State IN Zip Code 46804
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14201
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard Jeffers
Mailing Address PO Box 129
City Richmond State IN Zip Code 47375-0129
FEC ID number of contributing federal political committee. **C**
Name of Employer J. M. Hutton Occupation MANAGER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14052
Amount of Each Receipt this Period 200.00
Receipt
 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 29 / 175
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Dwight Jewett

Mailing Address 10308 Wood Duck Run

City State Zip Code
Roanoke IN 46783

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

Name of Employer: Auto Collision Service Occupation: OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 12 / 2008
Transaction ID: 80423.C14270
Amount of Each Receipt this Period: 500.00

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

B. Full Name (Last, First, Middle Initial)
Naomi Jewett

Mailing Address 10932 Shiregreen Ln.

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer: Auto Collision Service Occupation: Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 04 / 12 / 2008
Transaction ID: 80423.C14271
Amount of Each Receipt this Period: 800.00

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

C. Full Name (Last, First, Middle Initial)
Naomi Jewett

Mailing Address 10932 Shiregreen Ln.

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer: Auto Collision Service Occupation: Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 04 / 12 / 2008
Transaction ID: 80423.C14272
Amount of Each Receipt this Period: 200.00

Receipt
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Judith Jones
Mailing Address 220 19th Street
City Columbus State IN Zip Code 47201
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 398.00
Date of Receipt 03 / 25 / 2008
Transaction ID: 80423.C14332
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ashok Kadambi
Mailing Address 11033 Shiregreen Ln
City Fort Wayne State IN Zip Code 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation PHYSICIAN
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14082
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles M. Kahn III
Mailing Address 4545 N. Glebe Road Suite 245
City Arlington State VA Zip Code 22207
FEC ID number of contributing federal political committee. **C**
Name of Employer Fed. of American Hospitals Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 19 / 2008
Transaction ID: 80423.C14029
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1350.00
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 / 175
(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)
Mike Pence Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Camille Kampouris</p> <p>Mailing Address 622 Van Beuren</p> <p>City State Zip Code Morristown NJ 07960</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HOMEMAKER</p> <p>Occupation HOMEMAKER</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p> | <p>Date of Receipt 02 / 14 / 2008</p> <p>Transaction ID: 80423.C14302</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) Emmanuel Kampouris</p> <p>Mailing Address 622 Van Buren Rd.</p> <p>City State Zip Code Morristown NJ 07960</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p> | <p>Date of Receipt 02 / 14 / 2008</p> <p>Transaction ID: 80423.C14301</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|--|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Elaine Keach</p> <p>Mailing Address 4329 N. Riverside Dr.</p> <p>City State Zip Code Columbus IN 47203</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HOMEMAKER</p> <p>Occupation HOMEMAKER</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt 03 / 25 / 2008</p> <p>Transaction ID: 80423.C14346</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|--|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 4850.00 |
| 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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
John Keach, Sr.
Mailing Address 4329 N. Riverside Dr.
City Columbus State IN Zip Code 47203
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 03 / 25 / 2008
Transaction ID: 80423.C14345
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
L. Craig Keoun
Mailing Address 13816 Spring Hollow Rd.
City Fort Wayne State IN Zip Code 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer Plastics Composites Co. Occupation MANAGER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 850.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14048
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
L. Craig Keoun
Mailing Address 13816 Spring Hollow Rd.
City Fort Wayne State IN Zip Code 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer Plastics Composites Co. Occupation MANAGER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1350.00
Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14269
Amount of Each Receipt this Period 500.00
Receipt
 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 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
David Kirr

Mailing Address 621 Washington St.
3665 Woodside Dr.

City Columbus State IN Zip Code 47203

FEC ID number of contributing federal political committee. C

Name of Employer Kirr, Marbach & Co Occupation INVESTMENT ADVISOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 04 / 16 / 2008

Transaction ID: 80423.C14260

Amount of Each Receipt this Period 2000.00

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

B.

Full Name (Last, First, Middle Initial)
Fred Klipsch

Mailing Address 3510 Sedgemoor Circle

City Carmel State IN Zip Code 46032

FEC ID number of contributing federal political committee. C

Name of Employer Klipsch Lanham, Inc. Occupation PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1499.72

Date of Receipt 01 / 02 / 2008

Transaction ID: 80423.C14389

Amount of Each Receipt this Period 1499.72

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

003 catering

C.

Full Name (Last, First, Middle Initial)
Robert Koch

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, Inc. Occupation PRESIDENT & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 04 / 12 / 2008

Transaction ID: 80423.C14264

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 4499.72

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 / 175
(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)
Mike Pence Committee

A.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Byron Lamm | | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| Mailing Address 830 Mill Lake Road | | Transaction ID: 80423.C14275 |
| City Fort Wayne | State IN | Zip Code 46845 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Pine Oaks Group | Occupation President/ Investment Research | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1700.00 | |

B.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Byron Lamm | | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| Mailing Address 830 Mill Lake Road | | Transaction ID: 80423.C14274 |
| City Fort Wayne | State IN | Zip Code 46845 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 |
| Name of Employer Pine Oaks Group | Occupation President/ Investment Research | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2500.00 | |

C.

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) Ed Lasky | | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| Mailing Address 1250 Ridge Road | | Transaction ID: 80423.C14206 |
| City Northbrook | State IL | Zip Code 60062-4624 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self | Occupation INVESTOR | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3300.00 | |

| | |
|--|----------------|
| 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 35 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
G. Timothy Lee

Mailing Address 27 South Creedmoor Way

City Anderson State IN Zip Code 46011

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

Name of Employer VCA Occupation Veterinarian

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14050
 Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Steve LeFebvre

Mailing Address 2720 Covington Hollow Trail

City Fort Wayne State IN Zip Code 46804

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

Name of Employer self Occupation Businessman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80423.C14076
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Jackson Lehman

Mailing Address 6936 Woodcraft Ln.

City Fort Wayne State IN Zip Code 46804

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14361
 Amount of Each Receipt this Period 250.00

Receipt
 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 36 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
George Likens
Mailing Address 8663 W 300 N
City Anderson State IN Zip Code 46011
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 04 / 16 / 2008
Transaction ID: 80423.C14257
Amount of Each Receipt this Period: 1000.00

Name of Employer: SELF-EMPLOYED Occupation: FARMER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

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

B. Full Name (Last, First, Middle Initial)
Mary Linegar
Mailing Address 9298 W. Forest Dr.
City Elwood State IN Zip Code 46036
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 31 / 2008
Transaction ID: 80423.C14365
Amount of Each Receipt this Period: 150.00

Name of Employer: Retired Occupation: Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

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

C. Full Name (Last, First, Middle Initial)
Stephen Madinger
Mailing Address 201 S. Creedmoor Way
City Anderson State IN Zip Code 46011
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 01 / 30 / 2008
Transaction ID: 80131.C14012
Amount of Each Receipt this Period: 500.00

Name of Employer: Texas Roadhouse Occupation: partner
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1048.00

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

SUBTOTAL of Receipts This Page (optional) ► 1650.00

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
John Maidlow
Mailing Address 15908 Emerald Lane
City Middletown State IN Zip Code 47356
FEC ID number of contributing federal political committee. **C**
Name of Employer Lehmans Inc. of Anderson Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2700.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14102
Amount of Each Receipt this Period 700.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John Maidlow
Mailing Address 15908 Emerald Lane
City Middletown State IN Zip Code 47356
FEC ID number of contributing federal political committee. **C**
Name of Employer Lehmans Inc. of Anderson Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14101
Amount of Each Receipt this Period 300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
James Marcuccilli
Mailing Address 534 Chesnut Forest Cove
City Fort Wayne State IN Zip Code 46814
FEC ID number of contributing federal political committee. **C**
Name of Employer Star Financial Bank Occupation Banking
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14371
Amount of Each Receipt this Period 1000.00
Receipt
 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: (check only one) | PAGE 38 / 175 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Thomas Marcuccilli | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 10618 Indian Ridge Drive | Transaction ID: 80423.C14359 |
| | City State Zip Code Fort Wayne IN 46814 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Star Financial Group BANKER | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Gary Martin | Date of Receipt MM / DD / YYYY 03 / 05 / 2008 |
| | Mailing Address PO Box 91588 | Transaction ID: 80423.C14212 |
| | City State Zip Code Arlington TX 76015 | Amount of Each Receipt this Period 2300.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Martin Sprocket & Gear In-c. Vice Chairman | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2300.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Stephen May | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 5900 Ashby Manor Pl. | Transaction ID: 80423.C14024 |
| | City State Zip Code Alexandria VA 22310 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Cummins GOVERNMENT RELATIONS | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1300.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3300.00 |
| 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 / 175
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Beverly McArdle

Mailing Address 3530 Rosewood Dr.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer
HOMEMAKER Occupation
HOMEMAKER

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14224

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Beverly McArdle

Mailing Address 3530 Rosewood Dr.

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer
HOMEMAKER Occupation
HOMEMAKER

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14223

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Donald McArdle

Mailing Address 3530 Rosewood Drive

City State Zip Code
Fort Wayne IN 46804

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

Name of Employer
McArdle Realty & Consulting Occupation
PRESIDENT

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14218

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **6900.00**

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
John McArdle
Mailing Address 153 Highvue Dr.
City Venetia State PA Zip Code 15367
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008
Transaction ID: 80423.C14294
Amount of Each Receipt this Period
500.00

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

Name of Employer Information Requested Occupation Information Requested
Riverside Manufacturing Inc. PRESIDENT
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Fred Merritt
Mailing Address 3942 Kitty Hawk Ct.
City Carmel State IN Zip Code 46033
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008
Transaction ID: 80423.C14276
Amount of Each Receipt this Period
2300.00

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

Name of Employer Information Requested Occupation Information Requested
Riverside Manufacturing Inc. PRESIDENT
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00

C. Full Name (Last, First, Middle Initial)
William E. Miller II
Mailing Address 3005 S. 700 W.
City Anderson State IN Zip Code 46011-9434
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008
Transaction ID: 80423.C14093
Amount of Each Receipt this Period
300.00

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

Name of Employer Information Requested Occupation Information Requested
Hallmark Homes CAD Department Manager
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00

SUBTOTAL of Receipts This Page (optional) ► **3100.00**

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: (check only one) | PAGE 41 / 175 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Thomas Mitchel | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 611 West 146th Street | Transaction ID: 80423.C14286 |
| | City State Zip Code Westfield IN 46074 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Mitchel & Scott Machine Co. ENGINEER | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 400.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Leon Mordoh | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 8501 Quail Hollow Rd. | Transaction ID: 80423.C14255 |
| | City State Zip Code Indianapolis IN 46260 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation HPS Office Systems LLC PRESIDENT | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) James Muehlbauer | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 2300 E. Gum St. | Transaction ID: 80423.C14248 |
| | City State Zip Code Evansville IN 47714 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation Koch Enterprises, Inc. PRESIDENT | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | |
|--|---------------|
| 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 42 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
John Nidlinger
Mailing Address 8822 N. 300 E.
City Decatur State IN Zip Code 46733
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation FARMING
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14234
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Noetzel
Mailing Address 7590 North 300 East
City Decatur State IN Zip Code 46733
FEC ID number of contributing federal political committee. **C**
Name of Employer Parkview Hospital Occupation Programmer Analyst
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14237
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Viola Panman
Mailing Address 1152 Calle Maria
City San Marcos State CA Zip Code 92069
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00
Date of Receipt 02 / 19 / 2008
Transaction ID: 80423.C14116
Amount of Each Receipt this Period 50.00
Receipt
 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 43 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Brenda Pejovich
Mailing Address 6922 Forest Glen Dr.
City Dallas State TX Zip Code 75230
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation INVESTOR
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 02 / 25 / 2008
Transaction ID: 80423.C14214
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Edward Pence
Mailing Address 993 Box Turtle Ct
City Columbus State IN Zip Code 47201
FEC ID number of contributing federal political committee. **C**
Name of Employer Cummins Engine Co. Occupation VICE PRESIDENT
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14374
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kimberly Pence
Mailing Address 993 Box Turtle Ct.
City Columbus State IN Zip Code 47201
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14373
Amount of Each Receipt this Period 2300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00
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: (check only one) | PAGE 44 / 175 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 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)
Mike Pence Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Barbara Phillips | Date of Receipt MM / DD / YYYY 03 / 31 / 2008 |
| | Mailing Address 11969 Waterford Lane | Transaction ID: 80423.C14096 |
| | City State Zip Code Carmel IN 46033 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Retired Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) Rolene Popp | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 12316 Aboite Center Rd. | Transaction ID: 80423.C14225 |
| | City State Zip Code Fort Wayne IN 46814 | Amount of Each Receipt this Period 800.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer HOMEMAKER Occupation HOMEMAKER Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00 | |

| | | |
|-----------|--|--|
| C. | Full Name (Last, First, Middle Initial) Rolene Popp | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 12316 Aboite Center Rd. | Transaction ID: 80423.C14226 |
| | City State Zip Code Fort Wayne IN 46814 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer HOMEMAKER Occupation HOMEMAKER Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00 | |

| | | |
|--|---|---------|
| 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: (check only one) | PAGE 45 / 175 |
| | <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 | |

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)
Mike Pence Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Deborah Porter | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 1501 High St. | Transaction ID: 80423.C14199 |
| | City State Zip Code Decatur IN 46733 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation HOMEMAKER HOMEMAKER | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Deborah Porter | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 1501 High St. | Transaction ID: 80423.C14198 |
| | City State Zip Code Decatur IN 46733 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation HOMEMAKER HOMEMAKER | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4000.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Frederick Porter | Date of Receipt MM / DD / YYYY 03 / 14 / 2008 |
| | Mailing Address 1655 N. Gladstone Ave. Ste. E | Transaction ID: 80423.C14056 |
| | City State Zip Code Columbus IN 47201 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer Occupation self PHYSICIAN | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 750.00 | |

| | | |
|--|---|---------|
| 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 46 / 175
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Grant Porter

Mailing Address 1501 High St.

City State Zip Code
Decatur IN 46733

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

Name of Employer Occupation
Thunderbird Products MANAGER

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

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008

Transaction ID: 80423.C14200

Amount of Each Receipt this Period
500.00

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

3500.00

B. Full Name (Last, First, Middle Initial)
Scott Porter

Mailing Address 203 Stratton Way

City State Zip Code
Decatur IN 46733

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

Name of Employer Occupation
Thunderbird Products PRESIDENT

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

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: 80423.C14261

Amount of Each Receipt this Period
500.00

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

500.00

C. Full Name (Last, First, Middle Initial)
Shelley Porter

Mailing Address 203 Stratton Way

City State Zip Code
Decatur IN 46733

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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

Date of Receipt
MM / DD / YYYY
04 / 12 / 2008

Transaction ID: 80423.C14262

Amount of Each Receipt this Period
500.00

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

500.00

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 47 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Ted Porter

Mailing Address 1286 W. 650 N.

City State Zip Code
Decatur IN 46733

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

Name of Employer Occupation
Formula Boats OWNER

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14244

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Victor Porter

Mailing Address PO Box 546

City State Zip Code
Decatur IN 46733-0546

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

Name of Employer Occupation
Porter Inc. Chairman

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

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8

Transaction ID: 80423.C14205

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Vivian Priddy

Mailing Address 1329 Latimer Court

City State Zip Code
Fort Wayne IN 46825

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

Name of Employer Occupation
Retired Retired

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

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 8

Transaction ID: 80423.C14028

Amount of Each Receipt this Period
250.00

Receipt
 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 48 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
David Quilhot

Mailing Address 15331 Longview Cove

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer self Occupation property Mgmt.

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

Amount of Each Receipt this Period 1500.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: 80423.C14084

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Sarah Quilhot

Mailing Address 307 S. Graham St. Apt. 3

City State Zip Code
Pittsburgh PA 15232

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

Name of Employer Aetna Insurance Occupation Eligibility Rep.

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

Amount of Each Receipt this Period 350.00

Date of Receipt M M / D D / Y Y Y Y Y
04 / 12 / 2008

Transaction ID: 80423.C14387

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Charles Rentschler

Mailing Address 2375 N CR 1050 E

City State Zip Code
Hartsville IN 47244

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

Name of Employer Wall Street Access Occupation OWNER

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

Amount of Each Receipt this Period 1250.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 14 / 2008

Transaction ID: 80423.C14047

Amount of Each Receipt this Period 250.00

Receipt
 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 49 / 175
(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Jay Ricker

Mailing Address 6320 W. Foster Branch Dr.

City Pendleton State IN Zip Code 46064

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

Name of Employer Ricker Oil Co. Inc. Occupation OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C14258
Amount of Each Receipt this Period 750.00

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

B.

Full Name (Last, First, Middle Initial)
Nancy Ricker

Mailing Address 6320 West Foster Branch Drive

City Pendleton State IN Zip Code 46064

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

Name of Employer Ricker Oil Occupation Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C14259
Amount of Each Receipt this Period 750.00

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

C.

Full Name (Last, First, Middle Initial)
Frank Risch

Mailing Address 3709 Hanover

City Dallas State TX Zip Code 75225

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2008
Transaction ID: 80423.C14027
Amount of Each Receipt this Period 250.00

Receipt
 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 50 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Douglas Rose

Mailing Address 10799 Diamond Drive

City State Zip Code
Carmel IN 46032-0175

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Irwin R. Rose and Co., In- Investments/Property Manager
c.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
03 / 04 / 2008

Transaction ID: 80423.C14020

Amount of Each Receipt this Period
1300.00

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

B.

Full Name (Last, First, Middle Initial)
Thomas A. Rose

Mailing Address 6740 Woodmere Circle

City State Zip Code
Indianapolis IN 46260

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jerusalem Post Publisher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
03 / 04 / 2008

Transaction ID: 80423.C14021

Amount of Each Receipt this Period
1000.00

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

C.

Full Name (Last, First, Middle Initial)
Michael Runnebohm

Mailing Address 2587 S 250 E

City State Zip Code
Shelbyville IN 46176

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Runnebohm Construction OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
03 / 14 / 2008

Transaction ID: 80423.C14041

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 2550.00

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 51 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Frances Sargent
Mailing Address 901 N. Briar Rd.

City State Zip Code
Muncie IN 47304-5103

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: 80423.C14044

Amount of Each Receipt this Period
800.00

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

B.

Full Name (Last, First, Middle Initial)
Frances Sargent
Mailing Address 901 N. Briar Rd.

City State Zip Code
Muncie IN 47304-5103

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: 80423.C14045

Amount of Each Receipt this Period
200.00

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

C.

Full Name (Last, First, Middle Initial)
Linda Sargent
Mailing Address 1247 Stone Ridge Court

City State Zip Code
Greenwood IN 46143-8828

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

Name of Employer Occupation
Sargent & Meier Law Office Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: 80423.C14356

Amount of Each Receipt this Period
250.00

Receipt
 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 52 / 175

(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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)

Harold Sattison

Mailing Address 11 Gettysburg

City State Zip Code
Coatesville IN 46121

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

Name of Employer Occupation
Brandt Construction Inc. VP

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: 80423.C14090

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Gary N. Schahet

Mailing Address 9333 N. Meridian Suite 203

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Schahet Hotels Inc. Hotel Management

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 19 / 2008

Transaction ID: 80423.C14065

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Gary N. Schahet

Mailing Address 9333 N. Meridian Suite 203

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Schahet Hotels Inc. Hotel Management

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: 80423.C14209

Amount of Each Receipt this Period

1000.00

Receipt

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 53 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Jeanette Schouweiler
Mailing Address 4501 Taylor Street
City State Zip Code
Fort Wayne IN 46804
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HOMEMAKER HOMEMAKER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3300.00
Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8
Transaction ID: 80423.C14023
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gregory Scott
Mailing Address 105 S. Creedmoor
City State Zip Code
Anderson IN 46011
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
State of Indiana Dir., Civil Rights Commission
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 600.00
Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 8
Transaction ID: 80423.C14277
Amount of Each Receipt this Period
300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jack Shaw
Mailing Address 555 Maple Knoll Rd.
City State Zip Code
Coldwater MI 49036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Retired Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt
M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 8
Transaction ID: 80423.C14083
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1800.00
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 54 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
R. Parker Sherrill
Mailing Address 713 Vail Ct.
City Nashville State TN Zip Code 37215-1849
FEC ID number of contributing federal political committee. **C**
Name of Employer Public Policy Mgmt. Group Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
2000.00
Date of Receipt 03 / 17 / 2008
Transaction ID: 80423.C14033
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Matthew D. Smith
Mailing Address 8029 W. 600 N.
City Middletown State IN Zip Code 47356
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Masonry
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
1000.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14088
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thomas Snyder
Mailing Address 984 N. 500 W.
City Anderson State IN Zip Code 46011
FEC ID number of contributing federal political committee. **C**
Name of Employer Ivy Tech State College Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General Other (specify) ▼
500.00
Date of Receipt 04 / 16 / 2008
Transaction ID: 80423.C14283
Amount of Each Receipt this Period 500.00
Receipt
 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 55 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Theodore Solso
Mailing Address P.O. Box 3005, MC60918
City Columbus State IN Zip Code 47202-3005
FEC ID number of contributing federal political committee. **C**
Name of Employer Cummins Inc. Occupation Chairman and CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 27 / 2008
Transaction ID: 80423.C14075
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Robert Spring
Mailing Address One Gracie Square
City New York State NY Zip Code 10028
FEC ID number of contributing federal political committee. **C**
Name of Employer Milbank, Tweed, Hadley & McCoy Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 02 / 14 / 2008
Transaction ID: 80423.C14071
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Janice Stamper
Mailing Address 207 Ann Ave.
City Pendleton State IN Zip Code 46064
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14099
Amount of Each Receipt this Period 300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00
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 / 175

(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 |

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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Lawrence Steinberg

Mailing Address 10131 Hollow Way Rd.

City State Zip Code
Dallas TX 75229

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

Name of Employer Occupation
Eagle Equity Inc. 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 2 / 2 5 / 2 0 0 8

Transaction ID: 80423.C14213

Amount of Each Receipt this Period

250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Leo Stenz

Mailing Address 855 W 96th St.

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Stenz Corp. developer

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 3 / 3 1 / 2 0 0 8

Transaction ID: 80423.C14100

Amount of Each Receipt this Period

1500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Bill Stephan

Mailing Address 1240 N. Claridge Way

City State Zip Code
Carmel IN 46032

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

Name of Employer Occupation
Clarian Health VP Sales and Marketing

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1550.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 4 / 2 0 0 8

Transaction ID: 80423.C14072

Amount of Each Receipt this Period

500.00

Receipt

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 57 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
David Stidham
Mailing Address 820 E. Farlow Rd.
City Richmond State IN Zip Code 47374-7725
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00
Date of Receipt 03 / 04 / 2008
Transaction ID: 80423.C14064
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joanne Stoller
Mailing Address 2501 Kingston Pointe
City Fort Wayne State IN Zip Code 46815
FEC ID number of contributing federal political committee. **C**
Name of Employer Stollers Inc. Occupation OWNER
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14057
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles Storms
Mailing Address 11801 Browning Rd.
City Evansville State IN Zip Code 47725
FEC ID number of contributing federal political committee. **C**
Name of Employer Red Spot Paint Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 04 / 12 / 2008
Transaction ID: 80423.C14299
Amount of Each Receipt this Period 400.00
Receipt
 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 58 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Maureen Syring
Mailing Address 5130 W. Churchill Ct.
City Muncie State IN Zip Code 47304
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14174
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Roger Thompson
Mailing Address 7560 N. 300 E.
City Decatur State IN Zip Code 46733
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation DENTIST
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14367
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lewis Topper
Mailing Address 42-40 Bell Blvd. Ste. 200
City Bayside State NY Zip Code 11361
FEC ID number of contributing federal political committee. **C**
Name of Employer Fast Food Systems Occupation PRESIDENT
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 02 / 19 / 2008
Transaction ID: 80423.C14067
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2350.00
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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) William VanNess</p> <p>Mailing Address 4014 Creedmoor Place</p> <p>City State Zip Code Anderson IN 46011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Community Hospital of Anderson Occupation PRESIDENT</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1150.00</p> | <p>Date of Receipt MM / DD / YYYY 03 / 14 / 2008</p> <p>Transaction ID: 80423.C14049</p> <p>Amount of Each Receipt this Period 150.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|---|
| <p>B. Full Name (Last, First, Middle Initial) William VanNess</p> <p>Mailing Address 4014 Creedmoor Place</p> <p>City State Zip Code Anderson IN 46011</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Community Hospital of Anderson Occupation PRESIDENT</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1650.00</p> | <p>Date of Receipt MM / DD / YYYY 04 / 12 / 2008</p> <p>Transaction ID: 80423.C14268</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Wayne Vincent</p> <p>Mailing Address 5900 Esteb Road P.O. Box 1464</p> <p>City State Zip Code Richmond IN 47375</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Planned Benefit Services, Inc Occupation President/Owner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2050.00</p> | <p>Date of Receipt MM / DD / YYYY 01 / 30 / 2008</p> <p>Transaction ID: 80131.C14014</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|---|---|

| | |
|--|---|
| 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: (check only one) | PAGE 60 / 175 |
| | <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 | |

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)
Mike Pence Committee

| | | |
|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Jim Wenning | Date of Receipt MM / DD / YYYY 04 / 16 / 2008 |
| | Mailing Address 7241 S. Wilbur Wright | Transaction ID: 80423.C14284 |
| | City State Zip Code Cambridge City IN 47327 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer self Occupation self FARMER | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Justin Wilson | Date of Receipt MM / DD / YYYY 03 / 14 / 2008 |
| | Mailing Address 511 Union St., Ste. 2100 | Transaction ID: 80423.C14058 |
| | City State Zip Code Nashville TN 37219 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer self Occupation Waller Lansden Dortch & Davis Lawyer | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 500.00 | |

| | | |
|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Mark Wohlford | Date of Receipt MM / DD / YYYY 04 / 12 / 2008 |
| | Mailing Address 13828 Castlebrook Rd. | Transaction ID: 80423.C14202 |
| | City State Zip Code Evansville IN 47725 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| | Name of Employer self Occupation self Oral Surgeon | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1300.00 | |

| | | |
|--|---|---------|
| 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 61 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Linda Wright
 Mailing Address 7216 E. 50 N.
 City State Zip Code
 Franklin IN 46131-8247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HOMEMAKER HOMEMAKER
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2008
Transaction ID: 80423.C14170
 Amount of Each Receipt this Period
 100.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Albert Wurster
 Mailing Address 8463 Castlewood Dr.
 City State Zip Code
 Indianapolis IN 46250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wurster Construction PRESIDENT
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2008
Transaction ID: 80423.C14089
 Amount of Each Receipt this Period
 250.00
 Receipt
 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) ► 120219.72

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

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

FOR LINE NUMBER: PAGE 62 / 175
(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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
American Bankers Association PAC
Mailing Address 1120 Connecticut Avenue NW
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00004275
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6000.00
Date of Receipt 01 / 30 / 2008
Transaction ID: 80131.C14016
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Hospital Association PAC
Mailing Address 325 7th St NW
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2200.00
Date of Receipt 03 / 17 / 2008
Transaction ID: 80423.C14030
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Brown for Commissioner
Mailing Address 2430 Fox Chase Run
City Fort Wayne State IN Zip Code 46825
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 03 / 27 / 2008
Transaction ID: 80423.C14080
Amount of Each Receipt this Period 250.00
Receipt
 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 63 / 175

(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 |

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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1740.70

Date of Receipt

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

Transaction ID: 80423.C14396

Amount of Each Receipt this Period

406.60

In-Kind

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

003 faxing invitation

B.

Full Name (Last, First, Middle Initial)
Conservative Victory Fund PAC

Mailing Address P.O. Box 15245

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2240.70

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 8

Transaction ID: 80423.C14062

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
DALEN PAC

Mailing Address 1701 North Hampton, Ste. A

City State Zip Code
Desoto TX 75115-2387

FEC ID number of contributing federal political committee. **C** C00283523

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 3 / 1 7 / 2 0 0 8

Transaction ID: 80423.C14037

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1906.60

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 / 175

(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 |

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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Eli Lilly & Company PAC

Mailing Address 546 Abbott St

City State Zip Code
Indianapolis IN 46220

FEC ID number of contributing federal political committee. **C** C00082792

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
03 / 31 / 2008

Transaction ID: 80423.C14081

Amount of Each Receipt this Period

1500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Federal Express PAC

Mailing Address 942 S. Shady Grove 1st Floor

City State Zip Code
Memphis TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

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
03 / 04 / 2008

Transaction ID: 80423.C14063

Amount of Each Receipt this Period

5000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Federation of American Hospitals PAC

Mailing Address 801 Pennsylvania Avenue, NW
Suite 245

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00002261

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: 80423.C14025

Amount of Each Receipt this Period

2500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

9000.00

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Friends of Jeb Hensarling
Mailing Address P.O. Box 820504
City Dallas State TX Zip Code 75382
FEC ID number of contributing federal political committee. **C** C00370650
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 343.80
Date of Receipt 02 / 19 / 2008
Transaction ID: 80423.C14394
Amount of Each Receipt this Period 343.80
In-Kind
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
003 invitations & postage

B. Full Name (Last, First, Middle Initial)
HCA Good Government Fund PAC
Mailing Address One Park Plaza
PO Box 550
City Nashville State TN Zip Code 37202-0550
FEC ID number of contributing federal political committee. **C** C00067231
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt 03 / 17 / 2008
Transaction ID: 80423.C14031
Amount of Each Receipt this Period 3000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
HCA Good Government Fund PAC
Mailing Address One Park Plaza
PO Box 550
City Nashville State TN Zip Code 37202-0550
FEC ID number of contributing federal political committee. **C** C00067231
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00
Date of Receipt 03 / 17 / 2008
Transaction ID: 80423.C14032
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5343.80
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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Nestle USA, Inc. Pac

Mailing Address 30003 Bainbridge Rd.

City Solon State OH Zip Code 44139

FEC ID number of contributing federal political committee. **C** C00087882

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 14 / 2008
Transaction ID: 80423.C14069
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Pete Sessions Committee

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238-0585

FEC ID number of contributing federal political committee. **C** C00303305

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 356.70

Date of Receipt 03 / 08 / 2008
Transaction ID: 80423.C14390
 Amount of Each Receipt this Period 356.70

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

C. Full Name (Last, First, Middle Initial)
Pete Sessions or Congress 2004

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238-0585

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2008
Transaction ID: 80423.C14036
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2356.70

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
RJReynolds Political Action Committee

Mailing Address P.O. Box 718, 401 N. Main Street

City State Zip Code
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 0 8

Transaction ID: 80423.C14017

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Step toe & Johnson PAC

Mailing Address 1330 Connecticut Ave. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00431858

Name of Employer Occupation

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 4 / 1 6 / 2 0 0 8

Transaction ID: 80423.C14388

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
The Walt Disney Co. Employees PAC

Mailing Address 1150 17th St. NW Ste. 400

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00197749

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 8

Transaction ID: 80423.C14073

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4500.00

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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Time Warner PAC

Mailing Address 800 Connecticut Avenue Suite 200

City Washington State DC Zip Code 20006-2712

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer Occupation Dir., Govt Relations and Publ

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt 03 / 27 / 2008
Transaction ID: 80423.C14074
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
TrueBlue Inc. PAC

Mailing Address P.O. Box 2910

City Tacoma State WA Zip Code 98401-2910

FEC ID number of contributing federal political committee. **C** C00363853

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt 03 / 31 / 2008
Transaction ID: 80423.C14091
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
USINPAC

Mailing Address 1010 Vermont Ave, NW Suite 816

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00381699

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt 03 / 14 / 2008
Transaction ID: 80423.C14061
 Amount of Each Receipt this Period 1500.00

Receipt
 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 69 / 175
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Visa USA Inc. PAC

Mailing Address 1300 Connecticut Ave. NW
Suite 900

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00365122

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
03 / 31 / 2008

Transaction ID: 80423.C14372

Amount of Each Receipt this Period
2000.00

Receipt
 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) | ▶ | 30857.10 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Markle Bank
Mailing Address P.O. Box 595
City Markle State IN Zip Code 46770-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 15758.59
Date of Receipt: 01 / 12 / 2008
Transaction ID: 80423.C14303
Amount of Each Receipt this Period: 2776.82
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Markle Bank
Mailing Address P.O. Box 595
City Markle State IN Zip Code 46770-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 16984.05
Date of Receipt: 01 / 24 / 2008
Transaction ID: 80423.C14304
Amount of Each Receipt this Period: 1225.46
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Markle Bank
Mailing Address P.O. Box 595
City Markle State IN Zip Code 46770-
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 19248.18
Date of Receipt: 03 / 14 / 2008
Transaction ID: 80423.C14305
Amount of Each Receipt this Period: 2264.13
Interest Received
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6266.41
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 / 175
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Star Financial Bank

Mailing Address 735 Main Street

City State Zip Code
Anderson IN 46016-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1495.59

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 1 / 2 0 0 8

Transaction ID: 80423.C14382

Amount of Each Receipt this Period
226.38

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

B.

Full Name (Last, First, Middle Initial)
Star Financial Bank

Mailing Address 735 Main Street

City State Zip Code
Anderson IN 46016-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1680.60

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 9 / 2 0 0 8

Transaction ID: 80423.C14381

Amount of Each Receipt this Period
185.01

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

C.

Full Name (Last, First, Middle Initial)
Star Financial Bank

Mailing Address 735 Main Street

City State Zip Code
Anderson IN 46016-

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1851.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 8

Transaction ID: 80423.C14384

Amount of Each Receipt this Period
170.40

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

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 581.79 |
| TOTAL This Period (last page this line number only) | 6848.20 |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Harrison Lake Country Club

Mailing Address Po Box 143

City State Zip Code
Columbus IN 47202-0143

Purpose of Disbursement
Facility and Catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13996
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

10391.04

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

FACILITY AND CATERING

B.

Full Name (Last, First, Middle Initial)
Paramount Theatre Center

Mailing Address 33 West 10th Street

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
facility Rental

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13982
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

403.00

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

FACILITY RENTAL

C.

Full Name (Last, First, Middle Initial)
Glass Plus

Mailing Address 205 E. New York Street

City State Zip Code
Indianapolis IN 46204-

Purpose of Disbursement
office maintenance

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13990
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

36.00

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

OFFICE MAINTENANCE

SUBTOTAL of Disbursements This Page (optional) ▶

10830.04

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Glass Plus | Transaction ID: 80423.E14369 |
| | Mailing Address 205 E. New York Street | Date of Disbursement 03 / 13 / 2008 |
| | City Indianapolis State IN Zip Code 46204- | Amount of Each Disbursement this Period 12.00 |
| | Purpose of Disbursement office maintenance | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | OFFICE MAINTENANCE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Patton, Boggs, LLP | Transaction ID: 80131.E13994 |
| | Mailing Address 2550 M Street, NW | Date of Disbursement 01 / 30 / 2008 |
| | City Washington State DC Zip Code 20037- | Amount of Each Disbursement this Period 1005.00 |
| | Purpose of Disbursement Consulting Legal | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CONSULTING LEGAL |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Patton, Boggs, LLP | Transaction ID: 80131.E13995 |
| | Mailing Address 2550 M Street, NW | Date of Disbursement 01 / 30 / 2008 |
| | City Washington State DC Zip Code 20037- | Amount of Each Disbursement this Period 2009.57 |
| | Purpose of Disbursement consulting Legal | <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | CONSULTING LEGAL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3026.57 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Patton, Boggs, LLP

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037-

Purpose of Disbursement legal consulting
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14351
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

1005.50

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

LEGAL CONSULTING

B.

Full Name (Last, First, Middle Initial)
Quill Office Supplies

Mailing Address PO Box 94081

City Palatine State IL Zip Code 60094-

Purpose of Disbursement office supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80131.E13975
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

59.15

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

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Quill Office Supplies

Mailing Address PO Box 94081

City Palatine State IL Zip Code 60094-

Purpose of Disbursement office supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14371
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

236.91

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

1301.56

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Brooklyn Little League

Mailing Address 2281 East 200 South

City State Zip Code
Anderson IN 46017-

Purpose of Disbursement
advertising
Candidate Name

004
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14281
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

600.00

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

ADVERTISING

B.

Full Name (Last, First, Middle Initial)
Mudds Self Storage

Mailing Address 1434 Main Street

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
storage
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14279
Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

99.50

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

STORAGE

C.

Full Name (Last, First, Middle Initial)
Special Events Inc.

Mailing Address 5420 E. Sahuaro Drive

City State Zip Code
Scottsdale AZ 85254-

Purpose of Disbursement
facility rental
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14407
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

7500.00

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

FACILITY RENTAL

SUBTOTAL of Disbursements This Page (optional)

8199.50

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:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Eighth Street Rentals | Transaction ID: 80423.E14347 Date of Disbursement 01 / 22 / 2008 |
| | Mailing Address 2 West Eighth Street | Amount of Each Disbursement this Period 150.00 |
| | City Anderson State IN Zip Code 46016- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement parking Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | PARKING |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Eighth Street Rentals | Transaction ID: 80423.E14406 Date of Disbursement 04 / 09 / 2008 |
| | Mailing Address 2 West Eighth Street | Amount of Each Disbursement this Period 150.00 |
| | City Anderson State IN Zip Code 46016- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement parking Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | PARKING |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank | Transaction ID: 80423.E14300 Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address PO Box 7078 | Amount of Each Disbursement this Period 6011.74 |
| | City Charleston State WV Zip Code 25356- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement SEE BELOW Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | SEE BELOW |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6311.74 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Mastercard - MarkleBank Mailing Address PO Box 7078 City Charleston State WV Zip Code 25356- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14301 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2746.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW |

| | |
|---|--|
| B. Full Name (Last, First, Middle Initial) American Airlines Mailing Address 4333 Amon Carter Blvd. City Fort Worth State TX Zip Code 76155- Purpose of Disbursement Air travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14124 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 842.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIR TRAVEL |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Paradies Washington National Mailing Address Reagan Washinton National Airport City Washington State DC Zip Code 20001- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14114 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 2.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2746.91 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Franklin Covey

Mailing Address 6020 East 82nd Street
#950

City Indianapolis State IN Zip Code 46250-

Purpose of Disbursement office supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14112
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

57.55

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Armonds

Mailing Address Washington DC

City Washington State DC Zip Code 20002-

Purpose of Disbursement meeting meals
Candidate Name

007
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14111
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

91.52

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

[MEMO ITEM]

MEMO: MEETING MEALS

C.

Full Name (Last, First, Middle Initial)
Fairfield Inn

Mailing Address 725 Zane St.

City Zanesville State OH Zip Code 43701-

Purpose of Disbursement lodging
Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14121
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

205.18

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

[MEMO ITEM]

MEMO: LODGING

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address P.O. Box 2562</p> <p>City Winston - Salem State NC Zip Code 27102-</p> <p>Purpose of Disbursement air travel</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14117</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1223.11"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIR TRAVEL</p> |
| <p>B. Full Name (Last, First, Middle Initial) Amoco Oil Co.</p> <p>Mailing Address P.O. Box 4441</p> <p>City Carol Stream State IL Zip Code 60197-</p> <p>Purpose of Disbursement fuel</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14118</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FUEL</p> |
| <p>C. Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop</p> <p>Mailing Address Longworth H.O.B.</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement mementos</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14110</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="102.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEMENTOS</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
PANERA BREAD

Mailing Address E. MCGALLIARD

City Muncie State IN Zip Code 47305-

Purpose of Disbursement meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14122
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

45.77

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

[MEMO ITEM]
MEMO: MEALS

B.

Full Name (Last, First, Middle Initial)
Thornton Oil

Mailing Address 12001 N. US Rte. 31

City Edinburg State IN Zip Code 46124-

Purpose of Disbursement fuel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14120
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

20.21

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

[MEMO ITEM]
MEMO: FUEL

C.

Full Name (Last, First, Middle Initial)
Mastercard - MarkleBank

Mailing Address PO Box 7078

City Charleston State WV Zip Code 25356-

Purpose of Disbursement SEE BELOW

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14299
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

1527.20

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

SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

1527.20

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Hilton Deerfield

Mailing Address 100 Fairway Dr.

City State Zip Code
Deerfield Beach FL 33441-1586

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14107
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

414.75

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

[MEMO ITEM]
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
Anderson Herald - Bulletin

Mailing Address 1133 Jackson St.

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
Subscription

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14098
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

14.00

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

C.

Full Name (Last, First, Middle Initial)
Shell Oil Company

Mailing Address P.O. Box 790070

City State Zip Code
Houston TX 77279-0070

Purpose of Disbursement
fuel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14100
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

66.58

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

[MEMO ITEM]
MEMO: FUEL

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
The Star Press

Mailing Address PO BOX 2408

City Muncie State IN Zip Code 47307-

Purpose of Disbursement
subscription

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14010
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

14.10

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

B.

Full Name (Last, First, Middle Initial)
Snappy Tomato Pizza

Mailing Address 1700 N US HGWY 31

City Edinburgh State IN Zip Code 46124-

Purpose of Disbursement
meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14099
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

21.39

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

[MEMO ITEM]
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 1501 W. McGalliard Rd.

City Muncie State IN Zip Code 47305-

Purpose of Disbursement
office supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14097
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

132.26

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Subway | Transaction ID: 80423.E14105 Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address 406 1st Street, Se | Amount of Each Disbursement this Period 17.99 |
| | City Washington State DC Zip Code 20003- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meals Candidate Name | [MEMO ITEM] MEMO: MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Cato Travel | Transaction ID: 80423.E14102 Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address 1925 N. LYNN ST, STE. 801 | Amount of Each Disbursement this Period 40.00 |
| | City Arlington State VA Zip Code 22209- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel service Candidate Name | [MEMO ITEM] MEMO: TRAVEL SERVICE |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Taco Bell | Transaction ID: 80423.E14104 Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address 2618 Broadway | Amount of Each Disbursement this Period 17.17 |
| | City Anderson State IN Zip Code 46012- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meals Candidate Name | [MEMO ITEM] MEMO: MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) US Capitol Historical Soc. | Transaction ID: 80423.E14096 Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address US Capitol Building | Amount of Each Disbursement this Period 554.70 |
| | City Washington State DC Zip Code 20515- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement mementos Candidate Name | Category/Type 007 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: MEMENTOS |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank | Transaction ID: 80131.E14002 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address PO Box 7078 | Amount of Each Disbursement this Period 1212.23 |
| | City Charleston State WV Zip Code 25356- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement SEE BELOW Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SEE BELOW |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Paradies Washington National | Transaction ID: 80423.E14205 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address Reagan Washinton National Airport | Amount of Each Disbursement this Period 8.67 |
| | City Washington State DC Zip Code 20001- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meals Candidate Name | Category/Type 002 |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: MEALS |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1212.23 |
| 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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Giant Food Stores #765 Mailing Address Baileys Crossroads City Falls Church State VA Zip Code 22041- Purpose of Disbursement catering Candidate Name 003 Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80423.E14197 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 206.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CATERING |
| B. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank Mailing Address PO Box 7078 City Charleston State WV Zip Code 25356- Purpose of Disbursement bank fee Candidate Name 001 Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80423.E14203 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 28.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: BANK FEE |
| C. | Full Name (Last, First, Middle Initial) HMSHOST-Indianapolis Airport Mailing Address Indianapolis International Airport City Indianapolis State IN Zip Code 46201- Purpose of Disbursement meals Candidate Name 002 Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 80423.E14201 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 6.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |

| | |
|--|------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address P.O. Box 2562

City Winston - Salem State NC Zip Code 27102-

Purpose of Disbursement
air travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14212
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|--------|
| 518.60 |
|--------|

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

[MEMO ITEM]
MEMO: AIR TRAVEL

B.

Full Name (Last, First, Middle Initial)
Arbys

Mailing Address 2010 Mounds Road

City Anderson State IN Zip Code 46013-

Purpose of Disbursement
travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14193
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|-------|
| 15.51 |
|-------|

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

[MEMO ITEM]
MEMO: TRAVEL

C.

Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address One Meadowlands Plaza Ste. 902

City East Rutherford State NJ Zip Code 07073-

Purpose of Disbursement
meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14202
Date of Disbursement

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

Amount of Each Disbursement this Period

| |
|------|
| 6.13 |
|------|

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

[MEMO ITEM]
MEMO: MEALS

SUBTOTAL of Disbursements This Page (optional) ▶

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| 0.00 |
|------|

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

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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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | | |
|-----------|--|---|--|
| A. | Full Name (Last, First, Middle Initial) Anderson Herald - Bulletin Mailing Address 1133 Jackson St. City Anderson State IN Zip Code 46016- Purpose of Disbursement subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14198 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 14.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUBSCRIPTION | |
| B. | Full Name (Last, First, Middle Initial) Holiday Inn Mailing Address 3 Ravina Dr. Sutie 2000 City Atlanta State GA Zip Code 30346-1249 Purpose of Disbursement lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14199 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 166.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING | |
| C. | Full Name (Last, First, Middle Initial) Shell Oil Company Mailing Address P.O. Box 790070 City Houston State TX Zip Code 77279-0070 Purpose of Disbursement fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14207 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 70.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FUEL | |

| | |
|--|------|
| 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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
The Star Press

Mailing Address PO BOX 2408

City Muncie State IN Zip Code 47307-

Purpose of Disbursement
subscription

Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14210
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

17.01

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

B.

Full Name (Last, First, Middle Initial)
Sheetz

Mailing Address 5700 6th Ave.

City Altoona State PA Zip Code 16602-

Purpose of Disbursement
meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14206
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

1.37

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

[MEMO ITEM]
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Speedway

Mailing Address 3210 N. Wheeling Ave.

City Muncie State IN Zip Code 47304-

Purpose of Disbursement
fuel

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14208
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

59.85

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

[MEMO ITEM]
MEMO: FUEL

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Thornton Oil Mailing Address 12001 N. US Rte. 31 City Edinburgh State IN Zip Code 46124- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14211 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 4.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| B. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank Mailing Address PO Box 7078 City Charleston State WV Zip Code 25356- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80131.E14004 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 600.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW |
| C. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank Mailing Address PO Box 7078 City Charleston State WV Zip Code 25356- Purpose of Disbursement bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14179 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 35.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: BANK FEE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 600.36 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Fairfield Inn | Transaction ID: 80423.E14185 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 725 Zane St. | Amount of Each Disbursement this Period 102.59 |
| | City Zanesville State OH Zip Code 43701- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING |
| | Purpose of Disbursement lodging Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Hyatt Place Hotel | Transaction ID: 80423.E14189 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 5500 West Bradbury Avenue | Amount of Each Disbursement this Period 225.78 |
| | City Indianapolis State IN Zip Code 46241- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING |
| | Purpose of Disbursement lodging Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Bruners Family Restaurant | Transaction ID: 80423.E14186 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 2200 W Kilgore Ave. | Amount of Each Disbursement this Period 23.52 |
| | City Muncie State IN Zip Code 47304- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| | Purpose of Disbursement meals Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Shell Oil Company

Mailing Address P.O. Box 790070

City Houston State TX Zip Code 77279-0070

Purpose of Disbursement
fuel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14180
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

44.67

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

[MEMO ITEM]
MEMO: FUEL

B.

Full Name (Last, First, Middle Initial)
Ruby Tuesday

Mailing Address 5530 S. Scatterfield

City Anderson State IN Zip Code 46013-

Purpose of Disbursement
meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14181
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

35.03

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

[MEMO ITEM]
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Mastercard - MarkleBank

Mailing Address PO Box 7078

City Charleston State WV Zip Code 25356-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E14003
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

8568.03

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

SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

8568.03

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Lucky Strikes Lanes

Mailing Address St Rd. 13 S.

City Elwood State IN Zip Code 46036-

Purpose of Disbursement
facility rental

Candidate Name

007
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14234
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

500.00

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

[MEMO ITEM]
MEMO: FACILITY RENTAL

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 3632 Scatterfield Rd.

City Anderson State IN Zip Code 46013-

Purpose of Disbursement
office supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14241
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

601.23

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

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Tiger Direct

Mailing Address 7795 West Flagler Street
Suite 35

City Miami State FL Zip Code 33144-

Purpose of Disbursement
equipment purchase

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14257
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

336.63

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

[MEMO ITEM]
MEMO: EQUIPMENT PUCHASE

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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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

| | | | |
|-----------|--|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) McDonalds <hr/> Mailing Address 111 West 14th Street <hr/> City Anderson State IN Zip Code 46016- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 002 Category/ Type | Transaction ID: 80423.E14235 Date of Disbursement 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 37.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| B. | Full Name (Last, First, Middle Initial) Outback Steak House <hr/> Mailing Address 3401 N. Granville <hr/> City Muncie State IN Zip Code 47303- <hr/> Purpose of Disbursement meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 003 Category/ Type | Transaction ID: 80423.E14242 Date of Disbursement 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| C. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank <hr/> Mailing Address PO Box 7078 <hr/> City Charleston State WV Zip Code 25356- <hr/> Purpose of Disbursement bank fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 001 Category/ Type | Transaction ID: 80423.E14222 Date of Disbursement 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 136.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: BANK FEE |

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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|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Hyatt Place Hotel

Mailing Address 5500 West Bradbury Avenue

City Indianapolis State IN Zip Code 46241-

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14228
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

102.35

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

[MEMO ITEM]
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
Amoco Oil Co.

Mailing Address P.O. Box 4441

City Carol Stream State IL Zip Code 60197-

Purpose of Disbursement
fuel

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14214
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

495.13

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

[MEMO ITEM]
MEMO: FUEL

C.

Full Name (Last, First, Middle Initial)
Arbys

Mailing Address 2010 Mounds Road

City Anderson State IN Zip Code 46013-

Purpose of Disbursement
meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14215
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

13.89

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

[MEMO ITEM]
MEMO: MEALS

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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|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Bob Evans</p> <p>Mailing Address 5555 Scaterfield Rd.</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement meals</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14216</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Buca Di Beppo</p> <p>Mailing Address 659 US HIGHWAY 31 N</p> <p>City Greenwood State IN Zip Code 46142-</p> <p>Purpose of Disbursement meals</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14217</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="138.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Chilis</p> <p>Mailing Address 809 West McGalliard Road</p> <p>City Muncie State IN Zip Code 47304-</p> <p>Purpose of Disbursement meals</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14220</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEALS</p> |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="0.00"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text" value=""/></p> |

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) MCL Cafeteria | Transaction ID: 80423.E14236 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 2109 St. Rd. 9 | Amount of Each Disbursement this Period 48.49 |
| | City Anderson State IN Zip Code 46012- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meeting meals Candidate Name | <input type="checkbox"/> [MEMO ITEM] MEMO: MEETING MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type: 007 |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Charlestons | Transaction ID: 80423.E14219 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 6018 E. 82nd St. | Amount of Each Disbursement this Period 108.00 |
| | City Indianapolis State IN Zip Code 46202- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meals Candidate Name | <input type="checkbox"/> [MEMO ITEM] MEMO: MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type: 003 |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Lees Famous Chicken | Transaction ID: 80423.E14233 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 20 E. 29TH ST | Amount of Each Disbursement this Period 32.38 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement volunteer meals Candidate Name | <input type="checkbox"/> [MEMO ITEM] MEMO: VOLUNTEER MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type: 007 |

| | |
|--|------|
| 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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|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
US House of Rep. Gift Shop

Transaction ID: 80423.E14259
Date of Disbursement

Mailing Address Longworth H.O.B.

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

City Washington State DC Zip Code 20515-

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Purpose of Disbursement mementos

| |
|-----|
| 003 |
|-----|

Category/Type

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

Candidate Name

[MEMO ITEM]
MEMO: MEMENTOS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hobby Lobby

Transaction ID: 80423.E14225
Date of Disbursement

Mailing Address 1804 N. State Rd. 109

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

City Anderson State IN Zip Code 46012-

Amount of Each Disbursement this Period

| |
|-------|
| 10.04 |
|-------|

Purpose of Disbursement mementos

| |
|-----|
| 003 |
|-----|

Category/Type

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

Candidate Name

[MEMO ITEM]
MEMO: MEMENTOS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Holiday Inn

Transaction ID: 80423.E14227
Date of Disbursement

Mailing Address 3 Ravina Dr. Sutie 2000

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

City Atlanta State GA Zip Code 30346-1249

Amount of Each Disbursement this Period

| |
|--------|
| 306.86 |
|--------|

Purpose of Disbursement lodging

| |
|-----|
| 002 |
|-----|

Category/Type

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

Candidate Name

[MEMO ITEM]
MEMO: LODGING

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) IHOP Mailing Address 1549 North Meridian Street City Indianapolis State IN Zip Code 46202- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14229 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| B. | Full Name (Last, First, Middle Initial) Golden House Mailing Address 1222 Meridian City Anderson State IN Zip Code 46016- Purpose of Disbursement meeting meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14224 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 65.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING MEALS |
| C. | Full Name (Last, First, Middle Initial) Meijer Mailing Address 6610 Scatterfield Road City Anderson State IN Zip Code 46016- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14237 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 70.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Carey International Inc.</p> <p>Mailing Address 6023 Bristol Parkway</p> <p>City Culver City State CA Zip Code 90230-</p> <p>Purpose of Disbursement transportation services</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14218</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 119.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: TRANSPORTATION SERVICES</p> |
| <p>B. Full Name (Last, First, Middle Initial) Kohls</p> <p>Mailing Address 4544 Scatterfield Rd.</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement picture frames</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14231</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 772.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: PICTURE FRAMES</p> |
| <p>C. Full Name (Last, First, Middle Initial) KMART</p> <p>Mailing Address 2828 Broadway</p> <p>City Anderson State IN Zip Code 46012-</p> <p>Purpose of Disbursement office supplies</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14230</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 69.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES</p> |

| | |
|--|------|
| 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)

PAGE 100 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Walmart | Transaction ID: 80423.E14262 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 4420 Scatterfield Rd. | Amount of Each Disbursement this Period 450.00 |
| | City Anderson State IN Zip Code 46013- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement mementos Candidate Name | 007 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: MEMENTOS |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Shell Oil Company | Transaction ID: 80423.E14249 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address P.O. Box 790070 | Amount of Each Disbursement this Period 34.55 |
| | City Houston State TX Zip Code 77279-0070 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement fuel Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: FUEL |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) USPS | Transaction ID: 80423.E14261 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 1505 Raible Rd | Amount of Each Disbursement this Period 750.00 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement permit fees Candidate Name | 003 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: PERMIT FEES |

| | |
|--|------|
| 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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|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) USPS Mailing Address 1505 Raible Rd City Anderson State IN Zip Code 46011- Purpose of Disbursement postage Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14260 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 1395.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE |
| B. | Full Name (Last, First, Middle Initial) Payless Mailing Address 1900 Applewood Center City Anderson State IN Zip Code 46013- Purpose of Disbursement meeting meals Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14263 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 197.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING MEALS |
| C. | Full Name (Last, First, Middle Initial) Pizza King Mailing Address 523 Broadway City Anderson State IN Zip Code 46016- Purpose of Disbursement Volunteer meals Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14245 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 84.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: VOLUNTEER MEALS |

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| 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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|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Flashbacks | Transaction ID: 80423.E14223 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 18 W. 9th St. | Amount of Each Disbursement this Period 30.64 |
| | City Anderson State IN Zip Code 46016- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meeting meals Candidate Name | <input type="checkbox"/> [MEMO ITEM] MEMO: MEETING MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type: 007 |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Radio Shack | Transaction ID: 80423.E14247 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 300 W. 3rd St | Amount of Each Disbursement this Period 36.00 |
| | City Fort Worth State TX Zip Code 76102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement office supplies Candidate Name | <input type="checkbox"/> [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type: 001 |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Sams Club | Transaction ID: 80423.E14248 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 8100 E. 96th St. | Amount of Each Disbursement this Period 205.00 |
| | City Fishers State IN Zip Code 46038- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement office supplies Candidate Name | <input type="checkbox"/> [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type: 001 |

| | |
|--|------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: 80423.E14250 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 1501 W. McGalliard Rd. | Amount of Each Disbursement this Period 80.53 |
| | City Muncie State IN Zip Code 47305- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement office supplies Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: OFFICE SUPPLIES |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ponderosa | Transaction ID: 80423.E14246 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 20006 St. Rd. 109 | Amount of Each Disbursement this Period 24.69 |
| | City Anderson State IN Zip Code 46016- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meeting meals Candidate Name | 007 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: MEETING MEALS |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Steak N Shake | Transaction ID: 80423.E14253 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 6530 S Scatterfield Rd. | Amount of Each Disbursement this Period 21.24 |
| | City Anderson State IN Zip Code 46013- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meals Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | [MEMO ITEM] MEMO: MEALS |

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Taco Bell | Transaction ID: 80423.E14254 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 2618 Broadway | Amount of Each Disbursement this Period 20.80 |
| | City Anderson State IN Zip Code 46012- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meals Candidate Name | [MEMO ITEM] MEMO: MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Texas Road House | Transaction ID: 80423.E14255 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 2115 N. Scatterfield Rd. | Amount of Each Disbursement this Period 50.00 |
| | City Anderson State IN Zip Code 46013- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meeting meals Candidate Name | [MEMO ITEM] MEMO: MEETING MEALS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) US Capitol Historical Soc. | Transaction ID: 80423.E14258 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address US Capitol Building | Amount of Each Disbursement this Period 239.95 |
| | City Washington State DC Zip Code 20515- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement mementos Candidate Name | [MEMO ITEM] MEMO: MEMENTOS |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|------|
| 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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Mastercard - MarkleBank

Mailing Address PO Box 7078

City Charleston State WV Zip Code 25356-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14307

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

398.99

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

SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Paradies Washington National

Mailing Address Reagan Washinton National Airport

City Washington State DC Zip Code 20001-

Purpose of Disbursement
meals

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14091

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

5.37

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

[MEMO ITEM]
MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
FTD Florists

Mailing Address 3113 Woodcreek Drive

City Downers Grove State IL Zip Code 60515-

Purpose of Disbursement
flowers

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14094

Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

53.98

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

[MEMO ITEM]
MEMO: FLOWERS

SUBTOTAL of Disbursements This Page (optional)

398.99

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A. Full Name (Last, First, Middle Initial)
Anderson Herald - Bulletin

Mailing Address 1133 Jackson St.

City Anderson State IN Zip Code 46016-

Purpose of Disbursement subscription
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E14087
Date of Disbursement 02 / 25 / 2008

Amount of Each Disbursement this Period 14.00

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

B. Full Name (Last, First, Middle Initial)
Cato Travel

Mailing Address 1925 N. LYNN ST, STE. 801

City Arlington State VA Zip Code 22209-

Purpose of Disbursement travel service
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E14089
Date of Disbursement 02 / 25 / 2008

Amount of Each Disbursement this Period 25.00

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

[MEMO ITEM]
MEMO: TRAVEL SERVICE

C. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 630024

City Dallas State TX Zip Code 75263-0024

Purpose of Disbursement telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E14093
Date of Disbursement 02 / 25 / 2008

Amount of Each Disbursement this Period 270.87

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

[MEMO ITEM]
MEMO: TELEPHONE

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)

PAGE 107 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Mastercard - MarkleBank

Transaction ID: 80423.E14306
Date of Disbursement

Mailing Address PO Box 7078

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

City Charleston State WV Zip Code 25356-

Amount of Each Disbursement this Period

| |
|---------|
| 3651.45 |
|---------|

Purpose of Disbursement
SEE BELOW

| |
|--|
| |
|--|

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

SEE BELOW

State: District:

B.

Full Name (Last, First, Middle Initial)
Office Depot

Transaction ID: 80423.E14081
Date of Disbursement

Mailing Address 3632 Scatterfield Rd.

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

City Anderson State IN Zip Code 46013-

Amount of Each Disbursement this Period

| |
|--------|
| 152.52 |
|--------|

Purpose of Disbursement
Office Supplies

| |
|-----|
| 001 |
|-----|

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

State: District:

C.

Full Name (Last, First, Middle Initial)
Applebees

Transaction ID: 80423.E14077
Date of Disbursement

Mailing Address 1922 East 53rd Street

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

City Anderson State IN Zip Code 46013-

Amount of Each Disbursement this Period

| |
|-------|
| 58.00 |
|-------|

Purpose of Disbursement
meeting meals

| |
|-----|
| 007 |
|-----|

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]

MEMO: MEETING MEALS

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3651.45 |
|---------|

TOTAL This Period (last page this line number only)

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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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
StarBucks

Mailing Address S. SR 109

City State Zip Code
Anderson IN 46013-

Purpose of Disbursement
meeting meals
Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80423.E14072
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

14.71

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

[MEMO ITEM]
MEMO: MEETING MEALS

B.

Full Name (Last, First, Middle Initial)
Indiana Newspapers Inc.

Mailing Address 13095 Publishers Dr

City State Zip Code
Fishers IN 46038-

Purpose of Disbursement
subscription
Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80423.E14084
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

51.14

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

C.

Full Name (Last, First, Middle Initial)
Gas America

Mailing Address N St. Rd. 109

City State Zip Code
Anderson IN 46013-

Purpose of Disbursement
fuel
Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 80423.E14068
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

64.81

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

[MEMO ITEM]
MEMO: FUEL

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Speedway | Transaction ID: 80423.E14069 |
| | Mailing Address 3803 S. Scatterfield Rd | Date of Disbursement MM / DD / YYYY 02 / 25 / 2008 |
| | City Anderson State IN Zip Code 46013- | Amount of Each Disbursement this Period 59.65 |
| | Purpose of Disbursement fuel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] MEMO: FUEL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Apple Store | Transaction ID: 80423.E14086 |
| | Mailing Address 8702 Keystone Crossing Blvd. | Date of Disbursement MM / DD / YYYY 02 / 25 / 2008 |
| | City Indianapolis State IN Zip Code 46240- | Amount of Each Disbursement this Period 2307.89 |
| | Purpose of Disbursement equipment purchase | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] MEMO: EQUIPMENT PURCHASE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Amoco Oil Co. | Transaction ID: 80423.E14067 |
| | Mailing Address P.O. Box 4441 | Date of Disbursement MM / DD / YYYY 02 / 25 / 2008 |
| | City Carol Stream State IL Zip Code 60197- | Amount of Each Disbursement this Period 115.75 |
| | Purpose of Disbursement fuel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] MEMO: FUEL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Brackemyre Publishing

Mailing Address 10133 Preston Ct.

City Fishers State IN Zip Code 46038-

Purpose of Disbursement
Subscription
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14080
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

328.80

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

B.

Full Name (Last, First, Middle Initial)
MCL Cafeteria

Mailing Address 2109 St. Rd. 9

City Anderson State IN Zip Code 46012-

Purpose of Disbursement
meeting meals
Candidate Name

007
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14075
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

25.12

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

[MEMO ITEM]
MEMO: MEETING MEALS

C.

Full Name (Last, First, Middle Initial)
Evas Pancake House

Mailing Address 831 Broadway

City Anderson State IN Zip Code 46012-

Purpose of Disbursement
meeting meals
Candidate Name

007
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14076
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

30.00

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

[MEMO ITEM]
MEMO: MEETING MEALS

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Meijer | Transaction ID: 80423.E14082 |
| | Mailing Address 6610 Scatterfield Road | Date of Disbursement 02 / 25 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 11.66 |
| | 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 | [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Marathon Oil Company | Transaction ID: 80423.E14066 |
| | Mailing Address 539 South Main Street | Date of Disbursement 02 / 25 / 2008 |
| | City Findlay State OH Zip Code 45840- | Amount of Each Disbursement this Period 18.25 |
| | Purpose of Disbursement fuel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] MEMO: FUEL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Ruby Tuesday | Transaction ID: 80423.E14070 |
| | Mailing Address 5530 S. Scatterfield | Date of Disbursement 02 / 25 / 2008 |
| | City Anderson State IN Zip Code 46013- | Amount of Each Disbursement this Period 24.62 |
| | Purpose of Disbursement meeting meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Candidate Name | 007 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | [MEMO ITEM] MEMO: MEETING MEALS |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|------|
| 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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

| | | | |
|-----------|---|--------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Staples Mailing Address 1501 W. McGalliard Rd. City Muncie State IN Zip Code 47305- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 001 Category/ Type | Transaction ID: 80423.E14083 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 28.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| B. | Full Name (Last, First, Middle Initial) Ponderosa Mailing Address 20006 St. Rd. 109 City Anderson State IN Zip Code 46016- Purpose of Disbursement meeting meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 007 Category/ Type | Transaction ID: 80423.E14074 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 23.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEETING MEALS |
| C. | Full Name (Last, First, Middle Initial) Wendys Mailing Address 1805 ST RD 109 City Anderson State IN Zip Code 46013- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 002 Category/ Type | Transaction ID: 80423.E14073 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 18.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 80423.E14085 Date of Disbursement 02 / 25 / 2008 |
| | Mailing Address P.O. Box 630024 | Amount of Each Disbursement this Period 237.43 |
| | City Dallas State TX Zip Code 75263-0024 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement telephone Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: TELEPHONE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank | Transaction ID: 80423.E14303 Date of Disbursement 02 / 25 / 2008 |
| | Mailing Address PO Box 7078 | Amount of Each Disbursement this Period 7487.21 |
| | City Charleston State WV Zip Code 25356- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement SEE BELOW Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | SEE BELOW |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Air Tran | Transaction ID: 80423.E14059 Date of Disbursement 02 / 25 / 2008 |
| | Mailing Address 9955 Air Tran Blvd | Amount of Each Disbursement this Period 460.00 |
| | City Orlando State FL Zip Code 32827- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement air travel Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: AIR TRAVEL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7487.21 |
| 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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Aristotle International, Inc. Mailing Address 50 E. St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement Software maintenance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14065 Date of Disbursement 02 / 25 / 2008 |
| | Amount of Each Disbursement this Period 3250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SOFTWARE MAINTENANCE |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) US House of Rep. Gift Shop Mailing Address Longworth H.O.B. City Washington State DC Zip Code 20515- Purpose of Disbursement Mementos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14064 Date of Disbursement 02 / 25 / 2008 |
| | Amount of Each Disbursement this Period 714.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEMENTOS |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) The Congressional Institute Mailing Address 1001 N. Fairfax St. #410 City Alexandria State VA Zip Code 22314- Purpose of Disbursement lodging and meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14060 Date of Disbursement 02 / 25 / 2008 |
| | Amount of Each Disbursement this Period 2668.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: LODGING AND MEALS |

| | |
|--|-------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Wall Street Journal | Transaction ID: 80423.E14061 |
| | Mailing Address 84 Second Ave. | Date of Disbursement 02 / 25 / 2008 |
| | City Chicopee State MA Zip Code 01020- | Amount of Each Disbursement this Period 99.00 |
| | Purpose of Disbursement subscription 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: | <input type="checkbox"/> 001 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: SUBSCRIPTION |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) US House Members Dining | Transaction ID: 80423.E14063 |
| | Mailing Address Longworth HOB | Date of Disbursement 02 / 25 / 2008 |
| | City Washington State DC Zip Code 20515- | Amount of Each Disbursement this Period 20.80 |
| | Purpose of Disbursement meals 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: | <input type="checkbox"/> 002 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: MEALS |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Sirloin Stockade | Transaction ID: 80423.E14062 |
| | Mailing Address W. McGalliard | Date of Disbursement 02 / 25 / 2008 |
| | City Muncie State IN Zip Code 47308- | Amount of Each Disbursement this Period 225.41 |
| | Purpose of Disbursement meeting meals 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: | <input type="checkbox"/> 007 Category/Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] MEMO: MEETING MEALS |

| | |
|--|------|
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Cato Travel

Mailing Address 1925 N. LYNN ST, STE. 801

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
travel service

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14058
Date of Disbursement

02 / 25 / 2008

Amount of Each Disbursement this Period

50.00

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

[MEMO ITEM]

MEMO: TRAVEL SERVICE

B.

Full Name (Last, First, Middle Initial)
Mastercard - MarkleBank

Mailing Address PO Box 7078

City Charleston State WV Zip Code 25356-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14305
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

954.65

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address P.O. Box 2562

City Winston - Salem State NC Zip Code 27102-

Purpose of Disbursement
Air travel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14006
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

875.00

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

[MEMO ITEM]

MEMO: AIR TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶

954.65

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Anderson Herald - Bulletin

Transaction ID: 80423.E14011
Date of Disbursement

Mailing Address 1133 Jackson St.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 8 | |

City Anderson State IN Zip Code 46016-

Amount of Each Disbursement this Period

Purpose of Disbursement
subscription

| |
|-------------------|
| 001 |
| Category/ Type |

| |
|-------|
| 14.00 |
|-------|

Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: SUBSCRIPTION

B.

Full Name (Last, First, Middle Initial)
The Star Press

Transaction ID: 80423.E14009
Date of Disbursement

Mailing Address PO BOX 2408

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 8 | |

City Muncie State IN Zip Code 47307-

Amount of Each Disbursement this Period

Purpose of Disbursement
Subscription

| |
|-------------------|
| 001 |
| Category/ Type |

| |
|-------|
| 15.65 |
|-------|

Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: SUBSCRIPTION

C.

Full Name (Last, First, Middle Initial)
Cato Travel

Transaction ID: 80423.E14008
Date of Disbursement

Mailing Address 1925 N. LYNN ST, STE. 801

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 8 | |

City Arlington State VA Zip Code 22209-

Amount of Each Disbursement this Period

Purpose of Disbursement
travel service

| |
|-------------------|
| 002 |
| Category/ Type |

| |
|-------|
| 25.00 |
|-------|

Candidate Name

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

[MEMO ITEM]
MEMO: TRAVEL SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Cato Travel | Transaction ID: 80423.E14007 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 1925 N. LYNN ST, STE. 801 | Amount of Each Disbursement this Period 25.00 |
| | City Arlington State VA Zip Code 22209- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel service Candidate Name | 002 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: TRAVEL SERVICE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank | Transaction ID: 80423.E14304 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address PO Box 7078 | Amount of Each Disbursement this Period 4525.77 |
| | City Charleston State WV Zip Code 25356- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement SEE BELOW Candidate Name | Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | SEE BELOW |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Paradies Washington National | Transaction ID: 80423.E14024 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address Reagan Washinton National Airport | Amount of Each Disbursement this Period 6.95 |
| | City Washington State DC Zip Code 20001- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement meal Candidate Name | 002 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: MEAL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 4525.77 |
| 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 Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Hyatt Hotels

Mailing Address Park Ave & Grand Central Station

City New York State NY Zip Code 10017-

Purpose of Disbursement
lodging

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14026
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

478.54

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

[MEMO ITEM]
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address Washinton Natinal Airport

City Washington State DC Zip Code 20002-

Purpose of Disbursement
travel supplies

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14015
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

8.62

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

[MEMO ITEM]
MEMO: TRAVEL SUPPLIES

C.

Full Name (Last, First, Middle Initial)
McCormick and Schmick

Mailing Address 110 North Illinios Street

City Indianapolis State IN Zip Code 46204-

Purpose of Disbursement
meals

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14028
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

128.11

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

[MEMO ITEM]
MEMO: MEALS

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Cindys Flower Market

Mailing Address 1034 Washington St.

City Columbus State IN Zip Code 47201-

Purpose of Disbursement
flowers

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14013
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

106.00

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

[MEMO ITEM]

MEMO: FLOWERS

B.

Full Name (Last, First, Middle Initial)
Air Tran

Mailing Address 9955 Air Tran Blvd

City Orlando State FL Zip Code 32827-

Purpose of Disbursement
Air travel

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14014
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

426.00

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

[MEMO ITEM]

MEMO: AIR TRAVEL

C.

Full Name (Last, First, Middle Initial)
Presidential Sedan

Mailing Address 2172 Jericho Turnpike

City New Hyde Park State NY Zip Code 11040-

Purpose of Disbursement
Transportation Services

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14023
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

1080.00

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

[MEMO ITEM]

MEMO: TRANSPORTATION SERV-
ICES

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)

PAGE 121 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
The Ritz Carlton

Transaction ID: 80423.E14019
Date of Disbursement

Mailing Address 100 South Ocean Boulevard

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 8 |

City Manalapan State FL Zip Code 33462-

Amount of Each Disbursement this Period

| |
|--------|
| 721.49 |
|--------|

Purpose of Disbursement

Travel Lodging

002

Candidate Name

Category/
Type

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

[MEMO ITEM]

MEMO: TRAVEL LODGING

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US Airways

Transaction ID: 80423.E14030
Date of Disbursement

Mailing Address P.O. Box 2562

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 8 |

City Winston - Salem State NC Zip Code 27102-

Amount of Each Disbursement this Period

| |
|--------|
| 352.00 |
|--------|

Purpose of Disbursement

Air Travel

002

Candidate Name

Category/
Type

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

[MEMO ITEM]

MEMO: AIR TRAVEL

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Airways

Transaction ID: 80423.E14034
Date of Disbursement

Mailing Address P.O. Box 2562

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 8 |

City Winston - Salem State NC Zip Code 27102-

Amount of Each Disbursement this Period

| |
|--------|
| 679.00 |
|--------|

Purpose of Disbursement

Air Travel

002

Candidate Name

Category/
Type

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

[MEMO ITEM]

MEMO: AIR TRAVEL

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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**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 122 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Cato Travel | Transaction ID: 80423.E14033 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 1925 N. LYNN ST, STE. 801 | Amount of Each Disbursement this Period 25.00 |
| | City Arlington State VA Zip Code 22209- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL SERVICE |
| | Purpose of Disbursement travel service Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 002 |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Cato Travel | Transaction ID: 80423.E14022 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 1925 N. LYNN ST, STE. 801 | Amount of Each Disbursement this Period 25.00 |
| | City Arlington State VA Zip Code 22209- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL SERVICE |
| | Purpose of Disbursement travel service Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type 002 |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mastercard - MarkleBank | Transaction ID: 80423.E14302 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address PO Box 7078 | Amount of Each Disbursement this Period 3678.66 |
| | City Charleston State WV Zip Code 25356- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW |
| | Purpose of Disbursement SEE BELOW Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | Category/Type |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 3678.66 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Factory Card Outlet Mailing Address 5605 Scatterfield Rd City Anderson State IN Zip Code 46013- Purpose of Disbursement meeting decorations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14048 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 13.03 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] MEMO: MEETING DECORATIONS |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) Paradies Washington National Mailing Address Reagan Washinton National Airport City Washington State DC Zip Code 20001- Purpose of Disbursement meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14045 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 5.32 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] MEMO: MEALS |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) Paradies Washington National Mailing Address Reagan Washinton National Airport City Washington State DC Zip Code 20001- 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14041 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 8 |
| | Amount of Each Disbursement this Period 27.54 |
| | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | [MEMO ITEM] MEMO: OFFICE SUPPLIES |

| | |
|--|-------|
| 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)

PAGE 124 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Hyatt Hotels

Mailing Address Park Ave & Grand Central Station

City State Zip Code
New York NY 10017-

Purpose of Disbursement
lodging & meals

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E14057
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

473.87

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

[MEMO ITEM]

MEMO: LODGING & MEALS

B.

Full Name (Last, First, Middle Initial)
Frischs Big Boy

Mailing Address 500 Broadway Street

City State Zip Code
Anderson IN 46012-

Purpose of Disbursement
meals

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E14050
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

25.00

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

[MEMO ITEM]

MEMO: MEALS

C.

Full Name (Last, First, Middle Initial)
Hudson News

Mailing Address Washinton Natinal Airport

City State Zip Code
Washington DC 20002-

Purpose of Disbursement
travel supplies

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 80423.E14046
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

13.75

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

[MEMO ITEM]

MEMO: TRAVEL SUPPLIES

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
HMSSHOT-Indianapolis Airport

Transaction ID: 80423.E14043
Date of Disbursement

Mailing Address Indianapolis International Airport

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 8 |

City Indianapolis State IN Zip Code 46201-

Amount of Each Disbursement this Period

| |
|-------|
| 10.13 |
|-------|

Purpose of Disbursement
meals

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

[MEMO ITEM]
MEMO: MEALS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
US Airways

Transaction ID: 80423.E14037
Date of Disbursement

Mailing Address P.O. Box 2562

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 8 |

City Winston - Salem State NC Zip Code 27102-

Amount of Each Disbursement this Period

| |
|--------|
| 699.99 |
|--------|

Purpose of Disbursement
Air travel

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

[MEMO ITEM]
MEMO: AIR TRAVEL

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
US Airways

Transaction ID: 80423.E14042
Date of Disbursement

Mailing Address P.O. Box 2562

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 4 | | 2 | 0 | 0 | 8 |

City Winston - Salem State NC Zip Code 27102-

Amount of Each Disbursement this Period

| |
|--------|
| 910.00 |
|--------|

Purpose of Disbursement
air travel

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

[MEMO ITEM]
MEMO: AIR TRAVEL

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|------|
| 0.00 |
|------|

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

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| |
|--|

**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 126 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) US Airways | Transaction ID: 80423.E14036 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address P.O. Box 2562 | Amount of Each Disbursement this Period 462.50 |
| | City Winston - Salem State NC Zip Code 27102- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIR TRAVEL |
| | Purpose of Disbursement Air travel Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Capitol Hill Club | Transaction ID: 80423.E14039 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 300 First Street, SE | Amount of Each Disbursement this Period 49.97 |
| | City Washington State DC Zip Code 20003- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MEALS |
| | Purpose of Disbursement meals Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Hudson News | Transaction ID: 80423.E14051 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address One Meadowlands Plaza Ste. 902 | Amount of Each Disbursement this Period 23.10 |
| | City East Rutherford State NJ Zip Code 07073- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL SUPPLIES |
| | Purpose of Disbursement travel supplies Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
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| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Holiday Inn</p> <p>Mailing Address 3 Ravina Dr. Sutie 2000</p> <p>City Atlanta State GA Zip Code 30346-1249</p> <p>Purpose of Disbursement lodging</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14038</p> <p>Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 376.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p> |
| <p>B. Full Name (Last, First, Middle Initial) Hyatt Hotels</p> <p>Mailing Address 1 S. CAPITOL AVE.</p> <p>City Indianapolis State IN Zip Code 46204-</p> <p>Purpose of Disbursement lodging</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14052</p> <p>Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 111.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p> |
| <p>C. Full Name (Last, First, Middle Initial) Lone Star</p> <p>Mailing Address 1721 E. 60TH ST.</p> <p>City Anderson State IN Zip Code 46013-</p> <p>Purpose of Disbursement meeting meals</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14047</p> <p>Date of Disbursement 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 180.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: MEETING MEALS</p> |

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)

PAGE 128 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Walmart | Transaction ID: 80423.E14055 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 4420 Scatterfield Rd. | Amount of Each Disbursement this Period 92.15 |
| | City Anderson State IN Zip Code 46013- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement office supplies Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] MEMO: OFFICE SUPPLIES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) The Standard Club | Transaction ID: 80131.E13997 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 320 S. Plymouth Ct. | Amount of Each Disbursement this Period 1442.93 |
| | City Chicago State IL Zip Code 60604- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Facility fees & Catering Candidate Name | 003 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | FACILITY FEES & CATERING |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Anderson Jay Birds YTL | Transaction ID: 80423.E14397 Date of Disbursement 04 / 09 / 2008 |
| | Mailing Address 701 Country Lane | Amount of Each Disbursement this Period 500.00 |
| | City Anderson State IN Zip Code 46013- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement advertising Candidate Name | 004 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | ADVERTISING |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1942.93 |
| 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)

PAGE 129 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Pete Sessions Committee

Transaction ID: 80423.C14390IK
Date of Disbursement

Mailing Address P.O. Box 38585

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 8 | | 2 | 0 | 0 | 8 |

City Dallas State TX Zip Code 75238-0585

Amount of Each Disbursement this Period

| |
|--------|
| 356.70 |
|--------|

Purpose of Disbursement
catering

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

IN KIND: CATERING

State: District:

B.

Full Name (Last, First, Middle Initial)
Friends of Jeb Hensarling

Transaction ID: 80423.C14394IK
Date of Disbursement

Mailing Address P.O. Box 820504

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

City Dallas State TX Zip Code 75382-

Amount of Each Disbursement this Period

| |
|--------|
| 343.80 |
|--------|

Purpose of Disbursement
invitations & postage

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

IN KIND: INVITATIONS & POSTAGE

State: District:

C.

Full Name (Last, First, Middle Initial)
Conservative Victory Fund PAC

Transaction ID: 80423.C14396IK
Date of Disbursement

Mailing Address P.O. Box 15245

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

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

| |
|--------|
| 406.60 |
|--------|

Purpose of Disbursement
faxing invitation

| |
|-----|
| 003 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

IN KIND: FAXING INVITATION

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1107.10 |
|---------|

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

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**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 130 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) A.B. LLC | Transaction ID: 80423.E14346 |
| | Mailing Address 21 W 8TH ST | Date of Disbursement 01 / 02 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement office rent 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE RENT |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) A.B. LLC | Transaction ID: 80423.E14296 |
| | Mailing Address 21 W 8TH ST | Date of Disbursement 02 / 01 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement office rent 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE RENT |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) A.B. LLC | Transaction ID: 80423.E14267 |
| | Mailing Address 21 W 8TH ST | Date of Disbursement 02 / 19 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 956.00 |
| | Purpose of Disbursement billboard removal 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: | Category/Type 004 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BILLBOARD REMOVAL |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1956.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) A.B. LLC | Transaction ID: 80423.E14389 |
| | Mailing Address 21 W 8TH ST | Date of Disbursement MM / DD / YYYY 03 / 01 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement office rent 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE RENT |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) A.B. LLC | Transaction ID: 80423.E14405 |
| | Mailing Address 21 W 8TH ST | Date of Disbursement MM / DD / YYYY 04 / 09 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 500.00 |
| | Purpose of Disbursement office rent 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | OFFICE RENT |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14334 |
| | Mailing Address 3365 Priority Way Dr. | Date of Disbursement MM / DD / YYYY 01 / 01 / 2008 |
| | City Indianapolis State IN Zip Code 46280- | Amount of Each Disbursement this Period 26.57 |
| | Purpose of Disbursement payroll service 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL SERVICE |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1026.57 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14339</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="366.39"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>B. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14335</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.57"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |
| <p>C. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14340</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="366.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |

| | |
|---|--|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p><input type="text" value="759.33"/></p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p><input type="text"/></p> |

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14336 Date of Disbursement 01 / 14 / 2008 |
| | Mailing Address 3365 Priority Way Dr. | Amount of Each Disbursement this Period 26.57 |
| | City Indianapolis State IN Zip Code 46280- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll service Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL SERVICE |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14341 Date of Disbursement 01 / 14 / 2008 |
| | Mailing Address 3365 Priority Way Dr. | Amount of Each Disbursement this Period 366.39 |
| | City Indianapolis State IN Zip Code 46280- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll taxes Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL TAXES |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14337 Date of Disbursement 01 / 21 / 2008 |
| | Mailing Address 3365 Priority Way Dr. | Amount of Each Disbursement this Period 26.57 |
| | City Indianapolis State IN Zip Code 46280- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll service Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL SERVICE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 419.53 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14342</p> <p>Date of Disbursement 01 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 366.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>B. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14318</p> <p>Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 3286.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>C. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14317</p> <p>Date of Disbursement 01 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 27.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3680.47

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)

PAGE 135 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14349</p> <p>Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 27.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14348</p> <p>Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2349.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14290</p> <p>Date of Disbursement 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 3386.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

5763.90

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)

PAGE 136 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14288</p> <p>Date of Disbursement MM / DD / YYYY 02 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 27.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |
| <p>B. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14289</p> <p>Date of Disbursement MM / DD / YYYY 02 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 26.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |
| <p>C. Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14382</p> <p>Date of Disbursement MM / DD / YYYY 03 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 3215.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 3269.49 |
| 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 Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14379 Date of Disbursement 03 / 19 / 2008 |
| | Mailing Address 3365 Priority Way Dr. | Amount of Each Disbursement this Period 9.32 |
| | City Indianapolis State IN Zip Code 46280- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll service Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 PAYROLL SERVICE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14381 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 3365 Priority Way Dr. | Amount of Each Disbursement this Period 25.66 |
| | City Indianapolis State IN Zip Code 46280- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll service Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 PAYROLL SERVICE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) ADP - Payroll Services | Transaction ID: 80423.E14383 Date of Disbursement 03 / 24 / 2008 |
| | Mailing Address 3365 Priority Way Dr. | Amount of Each Disbursement this Period 78.82 |
| | City Indianapolis State IN Zip Code 46280- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll taxes Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 PAYROLL TAXES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 113.80 |
| 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)

PAGE 138 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14380</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.66"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14403</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6561.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL TAXES</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) ADP - Payroll Services</p> <p>Mailing Address 3365 Priority Way Dr.</p> <p>City Indianapolis State IN Zip Code 46280-</p> <p>Purpose of Disbursement payroll 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14402</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="36.48"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL SERVICE</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
ADT

Mailing Address 700 N. Madison Ave.

City Muncie State IN Zip Code 47305-

Purpose of Disbursement office security
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80131.E13969
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

197.27

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

OFFICE SECURITY

B.

Full Name (Last, First, Middle Initial)
Ron Arnold

Mailing Address 3709 Tulip St.

City Anderson State IN Zip Code 46011-

Purpose of Disbursement payroll
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14316
Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

4000.00

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

PAYROLL

C.

Full Name (Last, First, Middle Initial)
Ron Arnold

Mailing Address 3709 Tulip St.

City Anderson State IN Zip Code 46011-

Purpose of Disbursement payroll
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14333
Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

5000.00

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

9197.27

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)

PAGE 140 / 175

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Ron Arnold

Transaction ID: 80423.E14270
Date of Disbursement

Mailing Address 3709 Tulip St.

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

City Anderson State IN Zip Code 46011-

Amount of Each Disbursement this Period

| |
|--------|
| 121.34 |
|--------|

Purpose of Disbursement
travel reimbursement
Candidate Name

002
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

TRAVEL REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)
Ron Arnold

Transaction ID: 80131.E13970
Date of Disbursement

Mailing Address 3709 Tulip St.

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

City Anderson State IN Zip Code 46011-

Amount of Each Disbursement this Period

| |
|--------|
| 144.05 |
|--------|

Purpose of Disbursement
Petty Cash
Candidate Name

001
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

PETTY CASH

C.

Full Name (Last, First, Middle Initial)
Ron Arnold

Transaction ID: 80423.E14286
Date of Disbursement

Mailing Address 3709 Tulip St.

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

City Anderson State IN Zip Code 46011-

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement
payroll
Candidate Name

001
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 5265.39 |
|---------|

TOTAL This Period (last page this line number only)

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**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ron Arnold | Transaction ID: 80423.E14271 Date of Disbursement 02 / 19 / 2008 |
| | Mailing Address 3709 Tulip St. | Amount of Each Disbursement this Period 166.57 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel reimbursement Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TRAVEL REIMBURSEMENT |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ron Arnold | Transaction ID: 80423.E14273 Date of Disbursement 02 / 28 / 2008 |
| | Mailing Address 3709 Tulip St. | Amount of Each Disbursement this Period 82.08 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel reimbursement Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TRAVEL REIMBURSEMENT |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ron Arnold | Transaction ID: 80423.E14376 Date of Disbursement 03 / 01 / 2008 |
| | Mailing Address 3709 Tulip St. | Amount of Each Disbursement this Period 5000.00 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5248.65 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Ron Arnold | Transaction ID: 80423.E14374 Date of Disbursement 03 / 17 / 2008 |
| | Mailing Address 3709 Tulip St. | Amount of Each Disbursement this Period 181.08 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel reimbursement Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TRAVEL REIMBURSEMENT |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Ron Arnold | Transaction ID: 80423.E14361 Date of Disbursement 03 / 20 / 2008 |
| | Mailing Address 3709 Tulip St. | Amount of Each Disbursement this Period 147.88 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement travel reimbursement Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TRAVEL REIMBURSEMENT |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Ron Arnold | Transaction ID: 80423.E14400 Date of Disbursement 04 / 01 / 2008 |
| | Mailing Address 3709 Tulip St. | Amount of Each Disbursement this Period 10000.00 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 10328.96 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
John Benjamin

Mailing Address 14626 Back Dr. #614

City State Zip Code
Carmel IN 46033-

Purpose of Disbursement
catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.C14395IK
Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

420.00

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

IN KIND: CATERING

B.

Full Name (Last, First, Middle Initial)
Indiana Bureau Of Motor Vehicles

Mailing Address 3 W. 5TH ST.

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
Vehicle Plates

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13999
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

41.75

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

VEHICLE PLATES

C.

Full Name (Last, First, Middle Initial)
Indiana Bureau Of Motor Vehicles

Mailing Address 3 W. 5TH ST.

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
Vehicle Plates

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E14000
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

192.75

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

VEHICLE PLATES

SUBTOTAL of Disbursements This Page (optional) ▶

654.50

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: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
catering

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80131.E13987
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

1255.04

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

CATERING

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
meals

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14272
Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

246.58

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

MEALS

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 First Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
catering

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 80423.E14355
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

1315.86

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

CATERING

SUBTOTAL of Disbursements This Page (optional) ▶

2817.48

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

FOR LINE NUMBER:
(check only one)

PAGE 145 / 175

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)
Mike Pence Committee

| | | | | | |
|---|---|--|--------------------------|---|---|
| A. | Full Name (Last, First, Middle Initial) Liberty Christian School | | | Transaction ID: 80423.E14321 | |
| | Mailing Address 2323 Columbus Ave. | | | Date of Disbursement 01 / 08 / 2008 | |
| | City Anderson | State IN | Zip Code 46016- | Amount of Each Disbursement this Period 175.00 | |
| | Purpose of Disbursement advertising | | Category/ Type 004 | | <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 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | ADVERTISING | |
| State: District: | | | | | |
| B. | Full Name (Last, First, Middle Initial) Anderson City Utilities | | | Transaction ID: 80131.E14001 | |
| | Mailing Address 120 E. 8th St. | | | Date of Disbursement 01 / 30 / 2008 | |
| | City Anderson | State IN | Zip Code 46016- | Amount of Each Disbursement this Period 114.03 | |
| | Purpose of Disbursement utilities | | Category/ Type 001 | | <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 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | UTILITIES | |
| State: District: | | | | | |
| C. | Full Name (Last, First, Middle Initial) Anderson City Utilities | | | Transaction ID: 80131.E13966 | |
| | Mailing Address 120 E. 8th St. | | | Date of Disbursement 02 / 01 / 2008 | |
| | City Anderson | State IN | Zip Code 46016- | Amount of Each Disbursement this Period 317.07 | |
| | Purpose of Disbursement utilities | | Category/ Type 001 | | <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 | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | UTILITIES | |
| State: District: | | | | | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 606.10 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Anderson City Utilities | Transaction ID: 80423.E14298 |
| | Mailing Address 120 E. 8th St. | Date of Disbursement 02 / 19 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 189.44 |
| | Purpose of Disbursement utilities 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: | Category/Type 001 UTILITIES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Anderson City Utilities | Transaction ID: 80423.E14393 |
| | Mailing Address 120 E. 8th St. | Date of Disbursement 03 / 13 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 201.51 |
| | Purpose of Disbursement utilities 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: | Category/Type 001 UTILITIES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) AT& T | Transaction ID: 80423.E14345 |
| | Mailing Address P.O. Box 660011 | Date of Disbursement 01 / 23 / 2008 |
| | City Dallas State TX Zip Code 75266-0011 | Amount of Each Disbursement this Period 46.31 |
| | Purpose of Disbursement telephone 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: | Category/Type 001 TELEPHONE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 437.26 |
| 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 Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
AT& T

Transaction ID: 80423.E14344
Date of Disbursement

Mailing Address P.O. Box 660011

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

City Dallas State TX Zip Code 75266-0011

Amount of Each Disbursement this Period

| |
|--------|
| 434.62 |
|--------|

Purpose of Disbursement telephone

| |
|-----|
| 001 |
|-----|

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE

State: District:

B.

Full Name (Last, First, Middle Initial)
AT& T

Transaction ID: 80131.E13962
Date of Disbursement

Mailing Address P.O. Box 660011

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

City Dallas State TX Zip Code 75266-0011

Amount of Each Disbursement this Period

| |
|-------|
| 38.94 |
|-------|

Purpose of Disbursement telephone

| |
|-----|
| 001 |
|-----|

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE

State: District:

C.

Full Name (Last, First, Middle Initial)
AT& T

Transaction ID: 80131.E13963
Date of Disbursement

Mailing Address P.O. Box 660011

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

City Dallas State TX Zip Code 75266-0011

Amount of Each Disbursement this Period

| |
|--------|
| 439.49 |
|--------|

Purpose of Disbursement telephone

| |
|-----|
| 001 |
|-----|

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 913.05 |
|--------|

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

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| |
|--|

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) AT& T | Transaction ID: 80423.E14385 |
| | Mailing Address P.O. Box 660011 | Date of Disbursement 03 / 13 / 2008 |
| | City Dallas State TX Zip Code 75266-0011 | Amount of Each Disbursement this Period 38.97 |
| | Purpose of Disbursement telephone 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) AT& T | Transaction ID: 80423.E14384 |
| | Mailing Address P.O. Box 660011 | Date of Disbursement 03 / 13 / 2008 |
| | City Dallas State TX Zip Code 75266-0011 | Amount of Each Disbursement this Period 433.16 |
| | Purpose of Disbursement telephone 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Insight Communications | Transaction ID: 80131.E13980 |
| | Mailing Address 335 E. 10th St. | Date of Disbursement 01 / 30 / 2008 |
| | City Anderson State IN Zip Code 46016- | Amount of Each Disbursement this Period 115.76 |
| | Purpose of Disbursement utilities 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: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | UTILITIES |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 587.89 |
| 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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Insight Communications

Mailing Address 335 E. 10th St.

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
utilities

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13960
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

62.83

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

UTILITIES

B.

Full Name (Last, First, Middle Initial)
Dennis Coppock

Mailing Address 1238 Water Bluff Way
Medadowbrook Golf Estates East

City State Zip Code
Anderson IN 46013-

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14377
Date of Disbursement

03 / 05 / 2008

Amount of Each Disbursement this Period

300.00

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

PAYROLL

C.

Full Name (Last, First, Middle Initial)
Dennis Coppock

Mailing Address 1238 Water Bluff Way
Medadowbrook Golf Estates East

City State Zip Code
Anderson IN 46013-

Purpose of Disbursement
payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14378
Date of Disbursement

03 / 24 / 2008

Amount of Each Disbursement this Period

300.00

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

662.83

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:
(check only one)

PAGE 150 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Dennis Coppock | Transaction ID: 80423.E14401 Date of Disbursement 04 / 09 / 2008 |
| | Mailing Address 1238 Water Bluff Way Medadowbrook Golf Estates East | Amount of Each Disbursement this Period 750.00 |
| | City Anderson State IN Zip Code 46013- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | PAYROLL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Debbie Czarniecki | Transaction ID: 80423.E14360 Date of Disbursement 03 / 13 / 2008 |
| | Mailing Address 903 FOREST DR. | Amount of Each Disbursement this Period 21.19 |
| | City Anderson State IN Zip Code 46011- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement picture frames Candidate Name | 004 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | PICTURE FRAMES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Deluxe Check | Transaction ID: 80423.E14370 Date of Disbursement 03 / 13 / 2008 |
| | Mailing Address 5846 W. 73d St. | Amount of Each Disbursement this Period 321.39 |
| | City Indianapolis State IN Zip Code 46278- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement check supplies Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | CHECK SUPPLIES |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1092.58 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Erie Insurance Group | Transaction ID: 80423.E14280 Date of Disbursement 02 / 01 / 2008 |
| | Mailing Address 100 Erie Ins. Pl. | Amount of Each Disbursement this Period 582.00 |
| | City Erie State PA Zip Code 16530- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement insurance Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | INSURANCE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Erie Insurance Group | Transaction ID: 80131.E13977 Date of Disbursement 02 / 01 / 2008 |
| | Mailing Address 100 Erie Ins. Pl. | Amount of Each Disbursement this Period 1603.00 |
| | City Erie State PA Zip Code 16530- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Insurance Candidate Name | 002 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | INSURANCE |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Federal Express | Transaction ID: 80423.E14312 Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address 924 S. Shady Grove Rd. | Amount of Each Disbursement this Period 172.22 |
| | City Memphis State TN Zip Code 38120- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement shipping Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SHIPPING |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 2357.22 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Federal Express | Transaction ID: 80131.E13989 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address 924 S. Shady Grove Rd. | Amount of Each Disbursement this Period 145.76 |
| | City Memphis State TN Zip Code 38120- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement shipping Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SHIPPING |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Federal Express | Transaction ID: 80131.E13964 Date of Disbursement 02 / 01 / 2008 |
| | Mailing Address 924 S. Shady Grove Rd. | Amount of Each Disbursement this Period 49.36 |
| | City Memphis State TN Zip Code 38120- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement shipping Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SHIPPING |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Federal Express | Transaction ID: 80423.E14295 Date of Disbursement 02 / 20 / 2008 |
| | Mailing Address 924 S. Shady Grove Rd. | Amount of Each Disbursement this Period 111.70 |
| | City Memphis State TN Zip Code 38120- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement shipping Candidate Name | 001 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | SHIPPING |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 306.82 |
| 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)

PAGE 153 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Toles Flowers

Mailing Address 627 Nichol Ave.

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
flowers

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14356
Date of Disbursement

03 / 25 / 2008

Amount of Each Disbursement this Period

1948.75

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

FLOWERS

B.

Full Name (Last, First, Middle Initial)
Lacy Herrmann

Mailing Address 380 Madison Ave., Ste. 2300

City State Zip Code
New York NY 10017-

Purpose of Disbursement
catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.C14393IK
Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1750.00

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

IN KIND: CATERING

C.

Full Name (Last, First, Middle Initial)
Miller Huggins Co.

Mailing Address P.O. Box 1476

City State Zip Code
Anderson IN 46015-

Purpose of Disbursement
office supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13961
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

46.33

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

3745.08

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Jack Kemp | Transaction ID: 80131.E13978 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address Kemp Partners 1901 Pennsylvania Ave., NW | Amount of Each Disbursement this Period 2144.95 |
| | City Washington | State DC |
| | Zip Code 20006- | |
| | Purpose of Disbursement Travel reimbursement | 002 Category/ Type |
| | 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 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | TRAVEL REIMBURSEMENT |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Fred Klipsch | Transaction ID: 80423.C14389IK Date of Disbursement 01 / 02 / 2008 |
| | Mailing Address 3510 Sedgemoor Circle | Amount of Each Disbursement this Period 1499.72 |
| | City Carmel | State IN |
| | Zip Code 46032- | |
| | Purpose of Disbursement catering | 003 Category/ Type |
| | 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 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | IN KIND: CATERING |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Huckaby- Davis-Lisker | Transaction ID: 80131.E13979 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address Suite 115 228 South Washington Street | Amount of Each Disbursement this Period 2255.28 |
| | City Alexandria | State VA |
| | Zip Code 22314- | |
| | Purpose of Disbursement FEC Consulting | 001 Category/ Type |
| | 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 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | State: District: | FEC CONSULTING |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5899.95 |
| 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)

PAGE 155 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Huckaby- Davis-Lisker

Transaction ID: 80423.E14352
Date of Disbursement

Mailing Address Suite 115
228 South Washington Street

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

City State Zip Code
Alexandria VA 22314-

Amount of Each Disbursement this Period

| |
|---------|
| 1002.10 |
|---------|

Purpose of Disbursement
FEC Consulting
Candidate Name

001
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

FEC CONSULTING

B.

Full Name (Last, First, Middle Initial)
LM Direct

Transaction ID: 80423.E14293
Date of Disbursement

Mailing Address 1426 E. 22nd St.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 2 | | 2 | 0 | 0 | 8 |

City State Zip Code
Anderson IN 46016-

Amount of Each Disbursement this Period

| |
|---------|
| 1768.42 |
|---------|

Purpose of Disbursement
mail service
Candidate Name

003
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

MAIL SERVICE

C.

Full Name (Last, First, Middle Initial)
LM Direct

Transaction ID: 80423.E14294
Date of Disbursement

Mailing Address 1426 E. 22nd St.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 2 | | 2 | 0 | 0 | 8 |

City State Zip Code
Anderson IN 46016-

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
mail service
Candidate Name

003
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

MAIL SERVICE

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3770.52 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
LM Direct

Mailing Address 1426 E. 22nd St.

City State Zip Code
Anderson IN 46016-

Purpose of Disbursement
mail service
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14278
Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

114.65

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

MAIL SERVICE

B.

Full Name (Last, First, Middle Initial)
TermNet Merchant Services, Inc.

Mailing Address P.o. Box 723200

City State Zip Code
Atlanta GA 31139-0200

Purpose of Disbursement
bank fees
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14269
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

25.00

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

BANK FEES

C.

Full Name (Last, First, Middle Initial)
TermNet Merchant Services, Inc.

Mailing Address P.o. Box 723200

City State Zip Code
Atlanta GA 31139-0200

Purpose of Disbursement
bank fees
Candidate Name

001
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify) ▼

Transaction ID: 80423.E14353
Date of Disbursement

03 / 01 / 2008

Amount of Each Disbursement this Period

49.34

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

BANK FEES

SUBTOTAL of Disbursements This Page (optional) ▶

188.99

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
TermNet Merchant Services, Inc.

Transaction ID: 80423.E14396
Date of Disbursement

Mailing Address P.o. Box 723200

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

City Atlanta State GA Zip Code 31139-0200

Amount of Each Disbursement this Period

| |
|--------|
| 182.52 |
|--------|

Purpose of Disbursement
bank fees

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BANK FEES

State: District:

B.

Full Name (Last, First, Middle Initial)
Michael Richard Pence

Transaction ID: 80423.E14291
Date of Disbursement

Mailing Address PO Box 408

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

City Anderson State IN Zip Code 46015-

Amount of Each Disbursement this Period

| |
|-------|
| 23.17 |
|-------|

Purpose of Disbursement
travel reimbursement

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL REIMBURSEMENT

State: District:

C.

Full Name (Last, First, Middle Initial)
Michael Richard Pence

Transaction ID: 80423.E14404
Date of Disbursement

Mailing Address PO Box 408

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

City Anderson State IN Zip Code 46015-

Amount of Each Disbursement this Period

| |
|--------|
| 819.65 |
|--------|

Purpose of Disbursement
travel reimbursement

| |
|-----|
| 002 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TRAVEL REIMBURSEMENT

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1025.34 |
|---------|

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)

PAGE 158 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Broadway Press</p> <p>Mailing Address 2112 Broadway</p> <p>City Anderson State IN Zip Code 46012-1605</p> <p>Purpose of Disbursement printing</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80131.E13981</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="309.71"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Broadway Press</p> <p>Mailing Address 2112 Broadway</p> <p>City Anderson State IN Zip Code 46012-1605</p> <p>Purpose of Disbursement printing</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14277</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="209.35"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Master Productions</p> <p>Mailing Address 9419 W. Constellation Dr.</p> <p>City Pendleton State IN Zip Code 46064-</p> <p>Purpose of Disbursement web consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14310</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>WEB CONSULTING</p> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1519.06"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

**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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Master Productions | Transaction ID: 80423.E14268 Date of Disbursement 02 / 08 / 2008 |
| | Mailing Address 9419 W. Constellation Dr. | Amount of Each Disbursement this Period 1000.00 |
| | City Pendleton State IN Zip Code 46064- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement web consulting Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WEB CONSULTING |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Master Productions | Transaction ID: 80423.E14350 Date of Disbursement 03 / 01 / 2008 |
| | Mailing Address 9419 W. Constellation Dr. | Amount of Each Disbursement this Period 1000.00 |
| | City Pendleton State IN Zip Code 46064- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement web consulting Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WEB CONSULTING |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Master Productions | Transaction ID: 80423.E14395 Date of Disbursement 04 / 09 / 2008 |
| | Mailing Address 9419 W. Constellation Dr. | Amount of Each Disbursement this Period 1000.00 |
| | City Pendleton State IN Zip Code 46064- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement web consulting Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WEB CONSULTING |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: 80423.E14364
Date of Disbursement

Mailing Address 100 N SENATE AVE.
Department of Treasury

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

City Washington State DC Zip Code 20515-

Amount of Each Disbursement this Period

| |
|---------|
| 2200.00 |
|---------|

Purpose of Disbursement taxes

001

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TAXES

State: District:

B.

Full Name (Last, First, Middle Initial)
Alan Siktberg

Transaction ID: 80423.E14327
Date of Disbursement

Mailing Address 9235 Bluestone Circle

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

City Indianapolis State IN Zip Code 46236-

Amount of Each Disbursement this Period

| |
|--------|
| 309.20 |
|--------|

Purpose of Disbursement payroll

001

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

C.

Full Name (Last, First, Middle Initial)
Alan Siktberg

Transaction ID: 80423.E14315
Date of Disbursement

Mailing Address 9235 Bluestone Circle

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

City Indianapolis State IN Zip Code 46236-

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement payroll

001

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 4509.20 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Alan Siktberg</p> <p>Mailing Address 9235 Bluestone Circle</p> <p>City Indianapolis State IN Zip Code 46236-</p> <p>Purpose of Disbursement payroll</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14328</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="309.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |
| <p>B. Full Name (Last, First, Middle Initial) Alan Siktberg</p> <p>Mailing Address 9235 Bluestone Circle</p> <p>City Indianapolis State IN Zip Code 46236-</p> <p>Purpose of Disbursement payroll</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14329</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="309.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |
| <p>C. Full Name (Last, First, Middle Initial) Alan Siktberg</p> <p>Mailing Address 9235 Bluestone Circle</p> <p>City Indianapolis State IN Zip Code 46236-</p> <p>Purpose of Disbursement payroll</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14330</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="309.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

927.60

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Alan Siktberg | Transaction ID: 80423.E14332 |
| | Mailing Address 9235 Bluestone Circle | Date of Disbursement 01 / 30 / 2008 |
| | City Indianapolis State IN Zip Code 46236- | Amount of Each Disbursement this Period 618.40 |
| | Purpose of Disbursement Payroll 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: | Category/Type 001 PAYROLL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Alan Siktberg | Transaction ID: 80423.E14331 |
| | Mailing Address 9235 Bluestone Circle | Date of Disbursement 01 / 30 / 2008 |
| | City Indianapolis State IN Zip Code 46236- | Amount of Each Disbursement this Period 309.20 |
| | Purpose of Disbursement payroll 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: | Category/Type 001 PAYROLL |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) The Congressional Club | Transaction ID: 80423.E14320 |
| | Mailing Address C St. N.W. | Date of Disbursement 01 / 15 / 2008 |
| | City Washington State DC Zip Code 20515- | Amount of Each Disbursement this Period 400.00 |
| | Purpose of Disbursement event tickets 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: | Category/Type 007 EVENT TICKETS |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1327.60 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
The Muncie Times

Mailing Address 1394 N. Broadway

City Muncie State IN Zip Code 47305-

Purpose of Disbursement
advertising

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80423.E14367
Date of Disbursement

03 / 13 / 2008

Amount of Each Disbursement this Period

500.00

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

ADVERTISING

B.

Full Name (Last, First, Middle Initial)
Vectren

Mailing Address 1630 N. MERIDIAN ST.

City Indianapolis State IN Zip Code 46202-

Purpose of Disbursement
utilities

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13985
Date of Disbursement

01 / 30 / 2008

Amount of Each Disbursement this Period

161.78

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

UTILITIES

C.

Full Name (Last, First, Middle Initial)
Vectren

Mailing Address 1630 N. MERIDIAN ST.

City Indianapolis State IN Zip Code 46202-

Purpose of Disbursement
utilities

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80131.E13967
Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

173.49

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

UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶

835.27

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Vectren | Transaction ID: 80423.E14391 Date of Disbursement 03 / 13 / 2008 |
| | Mailing Address 1630 N. MERIDIAN ST. | Amount of Each Disbursement this Period 226.19 |
| | City Indianapolis State IN Zip Code 46202- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement utilities Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | UTILITIES |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Vectren | Transaction ID: 80423.E14408 Date of Disbursement 04 / 09 / 2008 |
| | Mailing Address 1630 N. MERIDIAN ST. | Amount of Each Disbursement this Period 191.65 |
| | City Indianapolis State IN Zip Code 46202- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement utilities Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | UTILITIES |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Verizon South | Transaction ID: 80131.E13983 Date of Disbursement 01 / 30 / 2008 |
| | Mailing Address P.o. Box 920041 | Amount of Each Disbursement this Period 221.92 |
| | City Dallas State TX Zip Code 75392-0041 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement telephone Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TELEPHONE |

| | | |
|--|---|--------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 639.76 |
| 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)

PAGE 165 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon South</p> <p>Mailing Address P.o. Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80131.E13974</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 113.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon South</p> <p>Mailing Address P.o. Box 920041</p> <p>City Dallas State TX Zip Code 75392-0041</p> <p>Purpose of Disbursement telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14386</p> <p>Date of Disbursement 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 109.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Phillippe Water Equipment</p> <p>Mailing Address 1124 Madison Avenue</p> <p>City Anderson State IN Zip Code 46016-</p> <p>Purpose of Disbursement utilities Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80131.E13971</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 37.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>UTILITIES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

260.79

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Phillippe Water Equipment Mailing Address 1124 Madison Avenue City Anderson State IN Zip Code 46016- Purpose of Disbursement utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14297 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 14.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES |
| B. | Full Name (Last, First, Middle Initial) Mikah Wilson Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14322 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 584.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Mikah Wilson Mailing Address 12700 W Arrowhead Dr. City Daleville State IN Zip Code 47334- Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14314 Date of Disbursement 01 / 02 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2598.24 |
| 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 Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mikah Wilson | Transaction ID: 80423.E14323 Date of Disbursement 01 / 07 / 2008 |
| | Mailing Address 12700 W Arrowhead Dr. | Amount of Each Disbursement this Period 584.25 |
| | City Daleville State IN Zip Code 47334- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mikah Wilson | Transaction ID: 80423.E14324 Date of Disbursement 01 / 14 / 2008 |
| | Mailing Address 12700 W Arrowhead Dr. | Amount of Each Disbursement this Period 584.24 |
| | City Daleville State IN Zip Code 47334- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Mikah Wilson | Transaction ID: 80423.E14325 Date of Disbursement 01 / 21 / 2008 |
| | Mailing Address 12700 W Arrowhead Dr. | Amount of Each Disbursement this Period 584.25 |
| | City Daleville State IN Zip Code 47334- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement payroll Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1752.74 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Mikah Wilson

Transaction ID: 80423.E14326
Date of Disbursement

Mailing Address 12700 W Arrowhead Dr.

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

City Daleville State IN Zip Code 47334-

Amount of Each Disbursement this Period

| |
|--------|
| 584.25 |
|--------|

Purpose of Disbursement
payroll

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

B.

Full Name (Last, First, Middle Initial)
Mikah Wilson

Transaction ID: 80423.E14287
Date of Disbursement

Mailing Address 12700 W Arrowhead Dr.

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

City Daleville State IN Zip Code 47334-

Amount of Each Disbursement this Period

| |
|---------|
| 3166.67 |
|---------|

Purpose of Disbursement
payroll

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

C.

Full Name (Last, First, Middle Initial)
Mikah Wilson

Transaction ID: 80423.E14375
Date of Disbursement

Mailing Address 12700 W Arrowhead Dr.

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

City Daleville State IN Zip Code 47334-

Amount of Each Disbursement this Period

| |
|---------|
| 3166.67 |
|---------|

Purpose of Disbursement
payroll

| |
|-----|
| 001 |
|-----|

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 6917.59 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Mikah Wilson | Transaction ID: 80423.E14365 |
| | Mailing Address 12700 W Arrowhead Dr. | Date of Disbursement 03 / 24 / 2008 |
| | City Daleville State IN Zip Code 47334- | Amount of Each Disbursement this Period 60.14 |
| | Purpose of Disbursement travel reimbursement 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: | 002 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TRAVEL REIMBURSEMENT |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Mikah Wilson | Transaction ID: 80423.E14399 |
| | Mailing Address 12700 W Arrowhead Dr. | Date of Disbursement 04 / 01 / 2008 |
| | City Daleville State IN Zip Code 47334- | Amount of Each Disbursement this Period 6333.34 |
| | Purpose of Disbursement payroll 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: | 001 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 80423.E14313 |
| | Mailing Address P.O. Box 630024 | Date of Disbursement 01 / 18 / 2008 |
| | City Dallas State TX Zip Code 75263-0024 | Amount of Each Disbursement this Period 1224.74 |
| | Purpose of Disbursement telephone 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: | 001 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TELEPHONE |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 7618.22 |
| 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)

PAGE 170 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 80131.E13973 Date of Disbursement 02 / 01 / 2008 |
| | Mailing Address P.O. Box 630024 | Amount of Each Disbursement this Period 135.22 |
| | City Dallas State TX Zip Code 75263-0024 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | TELEPHONE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | Category/Type: 001 | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 80423.E14292 Date of Disbursement 02 / 19 / 2008 |
| | Mailing Address P.O. Box 630024 | Amount of Each Disbursement this Period 617.31 |
| | City Dallas State TX Zip Code 75263-0024 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | TELEPHONE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | Category/Type: 001 | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless | Transaction ID: 80423.E14387 Date of Disbursement 03 / 13 / 2008 |
| | Mailing Address P.O. Box 630024 | Amount of Each Disbursement this Period 129.63 |
| | City Dallas State TX Zip Code 75263-0024 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement telephone Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | TELEPHONE |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | Category/Type: 001 | |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 882.16 |
| 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: (check only one)

PAGE 171 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Transaction ID: 80423.E14388
Date of Disbursement

Mailing Address P.O. Box 630024

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

City Dallas State TX Zip Code 75263-0024

Amount of Each Disbursement this Period

| |
|---------|
| 1071.62 |
|---------|

Purpose of Disbursement telephone

| |
|-----|
| 001 |
|-----|

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

TELEPHONE

State: District:

B.

Full Name (Last, First, Middle Initial)
Xerox Corp.

Transaction ID: 80423.E14319
Date of Disbursement

Mailing Address P.o. Box 660501

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

City Dallas State TX Zip Code 75266-0501

Amount of Each Disbursement this Period

| |
|-------|
| 28.94 |
|-------|

Purpose of Disbursement equipment maintenance

| |
|-----|
| 001 |
|-----|

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EQUIPMENT MAINTENANCE

State: District:

C.

Full Name (Last, First, Middle Initial)
Xerox Corp.

Transaction ID: 80131.E13972
Date of Disbursement

Mailing Address P.o. Box 660501

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

City Dallas State TX Zip Code 75266-0501

Amount of Each Disbursement this Period

| |
|-------|
| 28.94 |
|-------|

Purpose of Disbursement equipment maintenance

| |
|-----|
| 001 |
|-----|

Category/Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

EQUIPMENT MAINTENANCE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|---------|
| 1129.50 |
|---------|

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: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Xerox Corp.</p> <p>Mailing Address P.o. Box 660501</p> <p>City Dallas State TX Zip Code 75266-0501</p> <p>Purpose of Disbursement equipment maintenance Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14276 Date of Disbursement 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 28.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EQUIPMENT MAINTENANCE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Xerox Corp.</p> <p>Mailing Address P.o. Box 660501</p> <p>City Dallas State TX Zip Code 75266-0501</p> <p>Purpose of Disbursement equipment maintenance Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80423.E14357 Date of Disbursement 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 28.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>EQUIPMENT MAINTENANCE</p> |
| <p>C. Full Name (Last, First, Middle Initial) Paust Printers</p> <p>Mailing Address 14 N. Tenth St.</p> <p>City Richmond State IN Zip Code 47375-</p> <p>Purpose of Disbursement printing Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 80131.E13986 Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2357.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PRINTING</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2414.95

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)

PAGE 173 / 175

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <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)
Mike Pence Committee

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Paust Printers <hr/> Mailing Address 14 N. Tenth St. <hr/> City Richmond State IN Zip Code 47375- <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14309 Date of Disbursement 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 982.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING |
| B. | Full Name (Last, First, Middle Initial) Paust Printers <hr/> Mailing Address 14 N. Tenth St. <hr/> City Richmond State IN Zip Code 47375- <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14308 Date of Disbursement 01 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 2436.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING |
| C. | Full Name (Last, First, Middle Initial) Paust Printers <hr/> Mailing Address 14 N. Tenth St. <hr/> City Richmond State IN Zip Code 47375- <hr/> Purpose of Disbursement printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 80423.E14358 Date of Disbursement 03 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 578.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING |

| | |
|--|------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3997.09 |
| TOTAL This Period (last page this line number only) ▶ | 187119.73 |

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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input 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 checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Mastercard - MarkleBank

Transaction ID: 80423.E14264
Date of Disbursement

Mailing Address PO Box 7078

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 0 | 8 |

City Charleston State WV Zip Code 25356-

Amount of Each Disbursement this Period

| |
|--------|
| 389.29 |
|--------|

Purpose of Disbursement
SEE BELOW

| |
|--|
| |
|--|

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Holiday Inn

Transaction ID: 80423.E14265
Date of Disbursement

Mailing Address 3 Ravina Dr.
Sutie 2000

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 0 | 8 |

City Atlanta State GA Zip Code 30346-1249

Amount of Each Disbursement this Period

| |
|--------|
| 389.29 |
|--------|

Purpose of Disbursement
011 C 87399 In-Kind

| |
|-----|
| 003 |
|-----|

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

MEMO:011 C 87399 In-Kind

C.

Full Name (Last, First, Middle Initial)
Friends of Mike Sodrel

Transaction ID: 80423.E14266
Date of Disbursement

Mailing Address Michael E. Sodrel H2IN09084
702 N. Shore Dr. Ste 500

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

City Jeffersonville State IN Zip Code 47130-

Amount of Each Disbursement this Period

| |
|--------|
| 389.29 |
|--------|

Purpose of Disbursement
In-Kind Lodging Holiday Inn

| |
|-----|
| 011 |
|-----|

Candidate Name

Category/
Type

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

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

[MEMO ITEM]

MEMO:In-Kind Lodging Holiday Inn

SUBTOTAL of Disbursements This Page (optional) ▶

| |
|--------|
| 389.29 |
|--------|

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)

PAGE 175 / 175

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <input 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 checked="" type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
Mike Pence Committee

A.

Full Name (Last, First, Middle Initial)
Heather Wilson for Senate

Transaction ID: 80423.E14368
Date of Disbursement

Mailing Address Heather A. Wilson S8NM00168
P.O. Box 14070

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

City Albuquerque State NM Zip Code 87191-

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Purpose of Disbursement
Cont. Senate NM

011
Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|--------|
| 500.00 |
|--------|

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

| |
|--------|
| 889.29 |
|--------|