

HAND DELIVERED

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee (Summary Page)

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OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL OR TYPE OR PRINT

1. C00014274 IN/02 121090 P 412 DR JOSEPH D BLACK JR FRIENDS OF PHIL SHARP PO BOX 1046 MUNCIE IN 47308

2. FEC IDENTIFICATION NUMBER H033219 C00013274 3. IS THIS REPORT AN AMENDMENT? YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report, July 15 Quarterly Report, October 15 Quarterly Report, January 31 Year End Report, July 31 Mid-Year Report (Non-election Year Only), Termination Report, Twelfth day report preceding election on, Thirtieth day report following the General Election on

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

Table with 3 columns: Description, COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include Covering Period, Net Contributions, Net Operating Expenditures, Cash on Hand, and Debts/Obligations.

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 J.B. Black, Jr. Signature of Treasurer [Handwritten Signature] Date 01/24/91

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Empty table with 10 columns and 1 row.

FEC FORM 3 (revised 4/87)

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# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 9)

Name of Committee (in full)	Report Covering the Period:	
Friends of Phil Sharp	From: 11/27/90	To: 12/31/90
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$ 1,150.00	
(ii) Unitemized	0	
(iii) Total of contributions from individuals	\$ 1,150.00	\$143,199.51
(b) Political Party Committees	0	\$ 3,975.00
(c) Other Political Committees (such as PACs)	0	\$365,274.37
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	\$ 1,150.00	\$512,448.88
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	0	0
(b) All Other Loans	0	0
(c) TOTAL LOANS (add 13(a) and (b))	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	\$ 878.30	\$ 1,455.63
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	\$ 29.12	\$ 17,057.41
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	\$ 2,057.42	\$530,961.92
II. DISBURSEMENTS		
<b>17. OPERATING EXPENDITURES</b>	\$14,046.71	\$717,223.01
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b>	0	0
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	0
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	0	\$ 300.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	\$ 3,250.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	\$ 3,550.00
<b>21. OTHER DISBURSEMENTS</b>	0	0
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).</b>	\$14,046.71	\$720,773.01
III. CASH SUMMARY		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$ 41,933.51	
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$ 2,057.42	
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$ 43,990.93	
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).</b>	\$ 14,046.71	
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).</b>	\$ 29,944.22	

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11(a)(i)  
11(a)(ii)  
11(a)(iii)  
11(b)  
11(c)  
11(d)  
11(e)  
12  
13(a)  
13(b)  
13(c)  
14  
15  
16  
17  
18  
19(a)  
19(b)  
19(c)  
20(a)  
20(b)  
20(c)  
20(d)  
21  
22  
23  
24  
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FRIENDS OF PHIL SHARP.  
ID #:HR 033219

ITEMIZED RECEIPTS  
REPORT COVERING THE PERIOD FROM 11/27/90 TO 12/31/90  
"CANNOT BE SOLD FOR FUNDRAISING PURPOSES"

PAGE: 1 OF 1  
FOR LINE NUMBER 11 A

LAST, FIRST NAME AND OTHER INFORMATION -----	PRIMARY GENERAL	CONTRIBUTION DATE	AMOUNT	AGGREGATE YEAR-TO-DATE
000005884 Mr. Henderson, James 4228 Riverside Dr., Columbus, IN, 47203 Occupation: President Bus. name: Cummins Engine Company, Inc. Bus. address: Box 3005, Columbus, IN, 47202	P	11/29/90	500.00	
	Period Total:		500.00	1500.00
000006429 Mr. and Mrs.. Schumaker, Albert H. 316 Flat Rock Drive, Columbus, IN, 47201 Occupation: President/Gen. Man. Bus. name: Coca-Cola Bottling Company Bus. address: P.O. Box 567, Columbus, IN, 47202	P	11/29/90	150.00	
	Period Total:		150.00	350.00
000081612 Mr. and Mrs.. Solso, Theodore M. 1219 North 675 West, Columbus, IN, 47201 Occupation: VP, Special Markets Bus. name: Cummins Engines Bus. address: Mail Code 60616, Box 3005, Columbus, IN, 47201	P	11/29/90	250.00	
	Period Total:		250.00	300.00
000136051 Mr.. Spangler, John 3820 Cove Road, Columbus, IN, 47203 Occupation: President Bus. name: Contractors United, Inc. Bus. address: Box 3004, Columbus, IN, 47202	P	11/29/90	250.00	
	Period Total:		250.00	250.00
	*** Period Totals This Page:		1150.00	
	*** Grand Totals:		1150.00	2400.00

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

Friends of Phil Sharp

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AT&T P.O. Box 85950 Louisville, KY 40285	refund of overpayment	12/10/90	\$ 8.07
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation phone company		
	Aggregate Year-to-Date	> \$ 8.07	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Indiana Bell 240 N. Meridian St., Rm. 812 Indianapolis, IN 46204	refund of deposit	12/21/90	\$870.23
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation phone company		
	Aggregate Year-to-Date	> \$ 870.23	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	

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SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	\$878.30

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

Friends of Phil Sharp

<b>A. Full Name, Mailing Address and ZIP Code</b> Edward D. Jones and Company 107 W. Charles Muncie, IN 47305	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	interest	12/31/90	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	investment firm		
	Aggregate Year-to-Date > \$		
<b>B. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....

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

\$29.12

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Phil Sharp

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Catherine Roam 4308 W. Hummingbird Way Muncie, IN 47304	payroll	11/30/90	\$1,571.80
	Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/90	\$ 533.33
Sharon Ferguson 4105 W. Robinwood Drive Muncie, IN 47304	payroll	11/30/90	\$ 921.60
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Jean Hemmert 412 S. Celia Ave. Muncie, IN 47303	payroll	11/30/90	\$ 774.50
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Eric Savader 1674 Oak St., N.W. Washington, D.C. 20010	consulting	11/30/90	\$1,123.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
American Nat'l Bank 110 E. Main Street Muncie, IN 47305	tax deposit	11/30/90	\$2,700.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Thomas Business Center P.O. Box 1605 Muncie, IN 47308	office supplies	11/30/90	\$ 3.82
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Indiana American Water Company Main and Elm Streets Muncie, IN 47305	utilities	11/30/90	\$ 11.29
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Indiana-Michigan Power Co. 419 N. Walnut Muncie, IN 47305	utilities	11/30/90	\$ 201.82
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Ron Gyure 4923 S. 7th Road Arlington, VA 22204	re-imburse for postage	11/30/90	\$ 76.50
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/90	\$ 775.00

SUBTOTAL of Disbursements This Page (optional) .....

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Phil Sharp

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cooper & Secrest 228 S. Washington St. Alexandria, VA 22314	postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/90	\$ 89.50
B. Full Name, Mailing Address and ZIP Code Precision Printing P.O. Box 1188 Muncie, IN 47308	printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/90	\$ 313.84
C. Full Name, Mailing Address and ZIP Code Billy Linville 825 E. Washington Street Muncie, IN 47305	payroll Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/90	\$1,496.91
D. Full Name, Mailing Address and ZIP Code Bill Shroyer 2009 N. Forest Muncie, IN 47304	rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/90	\$ 287.50
E. Full Name, Mailing Address and ZIP Code Key Enterprises, Inc. 1716 N. Wheeling Muncie, IN 47303	rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/90	\$ 462.50
F. Full Name, Mailing Address and ZIP Code Indiana Bell 220 N. Meridian Indianapolis, IN 46204	phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/90	\$ 694.50
G. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 85950 Louisville, KY 40285	phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/90	\$ 167.58
H. Full Name, Mailing Address and ZIP Code AT&T P.O. Box 85950 Louisville, KY 40285	phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/90 12/18/90	\$ 741.82 \$ 43.00
I. Full Name, Mailing Address and ZIP Code Quill Corporation P.O. Box 5900 Lincolnshire, IL 60197	office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/90	\$ 23.60

SUBTOTAL of Disbursements This Page (optional) .....

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 of 3  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of Phil Sharp

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Highley Mini-Storage R.R. 2, Box 180 Yorktown, IN 47396	rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/90	\$ 180.00
Catherine Roam 4308 W. Hummingbird Way Muncie, IN 47304	petty cash Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/90	\$ 100.00
C. Independent Phone Shop 4008 N. Rosewood Ave. Muncie, IN 47304	fax machine Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/90	\$ 200.00
Secretary of State 201 State House Indianapolis, IN 46204	copies of reports Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/90 12/18/90	\$ 5.80 \$ 20.30
Indiana Gas 1800 W. 26th St. Muncie, IN 47303	Utilities Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/90	\$ 49.37
Billy Linville 825 E. Washington St. Muncie, IN 47305	mileage/truck rental Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/90	\$ 471.13
American National Bank 110 E. Main Street Muncie, IN 47305	service charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/90	\$6.70

SUBTOTAL of Disbursements This Page (optional) .....

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

\$14,046.71

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