

**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 34 OF 98
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
Mr. John C. Render

Mailing Address One American Square
Suite 2000

City Indianapolis State IN Zip Code 46282-0001

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

Name of Employer HallRenderKillianHeathLymanPC Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2011

Transaction ID : SA11AI.10123

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William Michael Roberts

Mailing Address 1944 Olde Mill Court

City Newburgh State IN Zip Code 47630

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

Name of Employer Deaconess Hospital Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011

Transaction ID : SA11AI.10188

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lance Rubel

Mailing Address 2012 Wilderness Court

City Evansville State IN Zip Code 47712

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

Name of Employer Anesthesiology Group Assoc. Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : SA11AI.10429

Amount of Each Receipt this Period
500.00

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

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

1000.00