

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**LUKE MESSER FOR CONGRESS**

ADDRESS (number and street) 345 W BROADWAY  
 Check if different than previously reported. (ACC) SHELBYVILLE IN 46176

2. **FEC IDENTIFICATION NUMBER** C C00460667 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
01 / 01 / 2014 through 03 / 31 / 2014

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 Craig Kunkle  
Signature of Treasurer Craig Kunkle *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**LUKE MESSER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	111095.00	691592.20
(b) Total Contribution Refunds (from Line 20(d)) .....	1000.00	26100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	110095.00	665492.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	54666.24	391932.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	445.00	1574.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54221.24	390357.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	380077.15	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**LUKE MESSER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

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).....	43075.00	326454.43
(ii) Unitemized.....	4720.00	34737.77
(iii) TOTAL of contributions from individuals ▶	47795.00	361192.20
(b) Political Party Committees.....	800.00	3800.00
(c) Other Political Committees (such as PACs).....	62500.00	326600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	111095.00	691592.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	27500.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	445.00	1574.81
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	35.63	62.79
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	111575.63	720729.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54666.24	391932.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	2750.00	13250.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	10000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	22600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	3500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	26100.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58416.24	441282.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	326917.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	111575.63
25. SUBTOTAL (add Line 23 and Line 24).....	438493.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58416.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	380077.15

**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 5 OF 92
	<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	

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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jimmy Adams**

Mailing Address PO Box 191

City: Moores Hill State: IN Zip Code: 47032

FEC ID number of contributing federal political committee: C

Name of Employer: Adams Cooling Tower Occupation: Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 26 / 2014

**Transaction ID : SA11AI.17091**

Amount of Each Receipt this Period: 1250.00

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

Mailing Address 204 N Winthrop Rd

City: Muncie State: IN Zip Code: 46036

FEC ID number of contributing federal political committee: C

Name of Employer: Red Gold Occupation: Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 375.00

Date of Receipt: 02 / 10 / 2014

**Transaction ID : SA11AI.16729**

Amount of Each Receipt this Period: 25.00

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

Mailing Address 1101 Bayside Ct.

City: Columbus State: IN Zip Code: 47201

FEC ID number of contributing federal political committee: C

Name of Employer: SIHO Insurance Occupation: Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 07 / 2014

**Transaction ID : SA11AI.16861**

Amount of Each Receipt this Period: 250.00

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

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

1525.00

**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 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gary Bartlett**

Mailing Address 5901 North S.R. 67

City Muncie State IN Zip Code 47393

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

Name of Employer GW Bartlett Co., LLC Occupation Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : SA11AI.16819**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Beck**

Mailing Address 6401 E 276th Street

City Atlanta State IN Zip Code 46031

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

Name of Employer Beck's Hybrids Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.16989**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Briner**

Mailing Address 1401 N. Regency Pkwy.

City Muncie State IN Zip Code 47304

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

Name of Employer Muncie Power Products Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.16720**

Amount of Each Receipt this Period  
100.00

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

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

650.00

**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 7 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

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

Mailing Address 9572 N. Adams Church Rd.

City State Zip Code  
Batesville IN 47006

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

Name of Employer Occupation  
Batesville Dental Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.16984**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Caldwell**

Mailing Address 12274 Otter Creek Ln.

City State Zip Code  
Columbus IN 47203

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

Name of Employer Occupation  
Cummins Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16862**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Connaughton**

Mailing Address 5900 Benfield Dr.

City State Zip Code  
Alexandria VA 22310

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

Name of Employer Occupation  
The Cook Group Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16873**

Amount of Each Receipt this Period  
1000.00

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

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

1300.00

**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 8 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jill Cook**

Mailing Address 10401 W Grandview Dr.

City Columbus State IN Zip Code 47201

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

Name of Employer Cummins Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16857**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**D.C. Danielson**

Mailing Address 727 Leland St.

City New Castle State IN Zip Code 47362

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

Name of Employer City Securities Corp. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.17096**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Debra Edelman**

Mailing Address 3274 Lantern Trail

City Richmond State IN Zip Code 47374

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

Name of Employer Recycling Center Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.17098**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00



**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 9 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Debra Edelman**

Mailing Address 3274 Lantern Trail

City Richmond State IN Zip Code 47374

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

Name of Employer Recycling Center Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.17235**

Amount of Each Receipt this Period  
-1000.00

Reattribute: To Spouse

**B.** Full Name (Last, First, Middle Initial)  
**Jack Edelman**

Mailing Address 3274 Lantern Trail

City Richmond State IN Zip Code 47374

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

Name of Employer Recycling Center Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.17236**

Amount of Each Receipt this Period  
1000.00

Reattribute: From Spouse

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Ferguson**

Mailing Address PO Box 1608

City Bloomington State IN Zip Code 47402

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

Name of Employer Cook Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16879**

Amount of Each Receipt this Period  
1000.00

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

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

1000.00

**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 10 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Joel Flesher</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 8913 N. County Rd. 1150 W.		<b>Transaction ID : SA11AI.17144</b>
City Ridgeville	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Harold Force</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 11700 W Maple Dr		<b>Transaction ID : SA11AI.17233</b>
City Columbus	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Force Construction Co.	Occupation Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 950.00	

Full Name (Last, First, Middle Initial) <b>C. Emily Foster</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 13940 Bromfield Road		<b>Transaction ID : SA11AI.17087</b>
City Germantown	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cummins Inc.	Occupation Director, Government Relations	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> 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 11 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**William Frazier**

Mailing Address 8001 N. Williamson Rd.

City Muncie State IN Zip Code 47303

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

Name of Employer Bill Frazier Mobile Homes Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : SA11AI.16818**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1090 Westlake Hills Dr.

City Columbus State IN Zip Code 47201

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

Name of Employer Cummins Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16855**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Ganter**

Mailing Address 705 S. Inverness Ln.

City Yorktown State IN Zip Code 47396

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

Name of Employer Sain Gobain-Containers Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17128**

Amount of Each Receipt this Period  
**200.00**

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

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

**750.00**

**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 12 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sam Geduldig**

Mailing Address 1001 Pennsylvania Ave, NW

City Washington State DC Zip Code 20004

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

Name of Employer Clark, Lytle, Geduldig, Cranford Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.17158**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Goad**

Mailing Address 845 W 116th St

City Carmel State IN Zip Code 46032

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

Name of Employer Columbia Management Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.17142**

Amount of Each Receipt this Period  
**5000.00**

Reattribution Pending

**C.** Full Name (Last, First, Middle Initial)  
**Robert Goad**

Mailing Address 845 W 116th St

City Carmel State IN Zip Code 46032

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

Name of Employer Columbia Management Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.17250**

Amount of Each Receipt this Period  
**-2600.00**

Redesignate:  
**[MEMO ITEM]**

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

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

**5250.00**

**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 13 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Goad**

Mailing Address 845 W 116th St

City Carmel State IN Zip Code 46032

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

Name of Employer Columbia Management Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17251**

Amount of Each Receipt this Period  
 2600.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Tedd Green**

Mailing Address 3817 S. Millstone Ct.

City Bloomington State IN Zip Code 47401

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

Name of Employer The Cook Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16882**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Grewe**

Mailing Address 309 N Timber Ridge Ct

City Muncie State IN Zip Code 47304

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

Name of Employer Saint Gobain-Containers Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.16726**

Amount of Each Receipt this Period  
 250.00

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

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

500.00

**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 14 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Hammond III**

Mailing Address 612 E 13th St

City Indianapolis State IN Zip Code 46202

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

Name of Employer Ice Miller Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.17139**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**John Hammond III**

Mailing Address 612 E 13th St

City Indianapolis State IN Zip Code 46202

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

Name of Employer Ice Miller Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.17244**

Amount of Each Receipt this Period  
**-1000.00**

Redesignate:  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**John Hammond III**

Mailing Address 612 E 13th St

City Indianapolis State IN Zip Code 46202

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

Name of Employer Ice Miller Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.17245**

Amount of Each Receipt this Period  
**1000.00**

Redesignate:  
**[MEMO ITEM]**

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

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

**1000.00**

**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 15 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine Hardwick**

Mailing Address 800 S. Preswick Lane

City Yorktown State IN Zip Code 47396

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

Name of Employer Self Occupation Self

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.16723**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Melvin Hawkins**

Mailing Address 4084 S Gran Haven Dr

City Bloomington State IN Zip Code 47401

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

Name of Employer The Cook Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16871**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Herbert Hunter**

Mailing Address 612 E Hendricks St.

City Greensburg State IN Zip Code 47240

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

Name of Employer Self-emp. Occupation Self-emp.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.16699**

Amount of Each Receipt this Period  
**250.00**

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

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

**1350.00**

**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 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Karen M. Ignagni**

Mailing Address 3105 Chesapeake St. NW

City Washington State DC Zip Code 20008

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

Name of Employer America Health Insurance Plan Occupation Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.16700**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Niles Kinerk**

Mailing Address 7602 Hyland Rd

City Guilford State IN Zip Code 47022

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17147**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeff Kittle**

Mailing Address 10445 High Grove Dr.

City Carmel State IN Zip Code 46032

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

Name of Employer Herman & Kittle Properties Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17143**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00



**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 17 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jeff Kittle**

Mailing Address 10445 High Grove Dr.

City Carmel State IN Zip Code 46032

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

Name of Employer Herman & Kittle Properties Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17247**

Amount of Each Receipt this Period  
 -1000.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Kittle**

Mailing Address 10445 High Grove Dr.

City Carmel State IN Zip Code 46032

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

Name of Employer Herman & Kittle Properties Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17248**

Amount of Each Receipt this Period  
 1000.00

Redesignate:  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Larry Landis**

Mailing Address 9560 Huntington Lane

City Indianapolis State IN Zip Code 46260

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

Name of Employer State of Indiana Occupation Utility Regulator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : SA11AI.16822**

Amount of Each Receipt this Period  
 1000.00

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

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

1000.00

**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 18 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Levett**

Mailing Address 2900 Washington St.

City Columbus State IN Zip Code 47201

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

Name of Employer Cummins Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17154**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Norman Linebarger**

Mailing Address 5555 N. Washington Blvd

City Indianapolis State IN Zip Code 46220

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

Name of Employer Cummins INC Occupation President & COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16856**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Lee Marchant**

Mailing Address 3818 Devonshire Ln.

City Bloomington State IN Zip Code 47408

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

Name of Employer LJM Enterprises Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16880**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

**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 19 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Angela May**

Mailing Address 3900 Lakeside Dr.

City	State	Zip Code
Columbus	IN	47203

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

Name of Employer	Occupation
Analytical Engineering	Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16838**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5900 Ashby Manor PI

City	State	Zip Code
Alexandria	VA	22310

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

Name of Employer	Occupation
Cummins	Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16843**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Darby McCarty**

Mailing Address PO Box 261

City	State	Zip Code
Ellettsville	IN	47429

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

Name of Employer	Occupation
Ellettsville Telephone	Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16884**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

**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 20 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald McDaniel**

Mailing Address 1394 E Meiks Rd.

City: Shelbyville State: IN Zip Code: 46176

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 20 / 2014

**Transaction ID : SA11AI.16947**

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Judson McMillin**

Mailing Address 1033 Cliff Street

City: Brookville State: IN Zip Code: 47012

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350.00

Date of Receipt: 03 / 24 / 2014

**Transaction ID : SA11AI.16991**

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Bryan Messer**

Mailing Address 1309 W. Main St.

City: Greensburg State: IN Zip Code: 47240

FEC ID number of contributing federal political committee: C

Name of Employer: Mesco Manufacturing, LLC Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 22 / 2014

**Transaction ID : SA11AI.16702**

Amount of Each Receipt this Period: 250.00

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

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

450.00

**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 21 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sean Milloy**

Mailing Address 2785 Shepherd Rd

City Nashville State IN Zip Code 47448

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

Name of Employer Cummins Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16859**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian Mormino**

Mailing Address 4025 River Rd.

City Columbus State IN Zip Code 47203

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

Name of Employer Cummins Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.17104**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Hernando Munevar**

Mailing Address 7031 Normandy Way

City Indianapolis State IN Zip Code 46278

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

Name of Employer Candent Technologies Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.16888**

Amount of Each Receipt this Period  
 250.00

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

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

750.00

**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 22 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Ober**

Mailing Address 12409 Brean Way

City Fishers State IN Zip Code 46037

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

Name of Employer Self-Employed Occupation Political Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.16959**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald A. Oeters**

Mailing Address 11261 Grandon Ridge Circle

City Cincinnati State OH Zip Code 45249

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

Name of Employer EnterTRAINment Junction Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11AI.16707**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald A. Oeters**

Mailing Address 11261 Grandon Ridge Circle

City Cincinnati State OH Zip Code 45249

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

Name of Employer EnterTRAINment Junction Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11AI.16711**

Amount of Each Receipt this Period  
 -2400.00  
 Reattribute: To Spouse

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

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

2850.00

**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 23 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gayle Oeters**

Mailing Address 11261 Grandon Ridge Circle

City State Zip Code  
Cincinnati OH 45249

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11AI.16712**

Amount of Each Receipt this Period  
2400.00

Reattribute: From Spouse

**B.** Full Name (Last, First, Middle Initial)  
**Edward Pence**

Mailing Address 983 Box Turtle Court

City State Zip Code  
Columbus IN 47201

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

Name of Employer Occupation  
Cummins Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16837**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Peterson**

Mailing Address 5440 E. James Rd

City State Zip Code  
Bloomington IN 47408

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

Name of Employer Occupation  
The Cook Group Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.16867**

Amount of Each Receipt this Period  
1000.00

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

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

3900.00

**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 24 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**John Pittas**

Mailing Address 8220 Jo Ellen Dr.

City Fishers State IN Zip Code 46038

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

Name of Employer The Remy Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16864**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Probst Jr.**

Mailing Address 1920 Franklin Sst.

City Columbus State IN Zip Code 47201

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.16842**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Gary Reynolds**

Mailing Address 21097 Durbin Rd.

City Noblesville State IN Zip Code 46060

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

Name of Employer Reynolds Farm Equipment Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11AI.16824**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00



**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 25 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jay Ricker**

Mailing Address 6320 W Foster Branch Dr

City Pendelton State IN Zip Code 46064

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

Name of Employer Ricker Oil Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.16942**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ann Marie Ross**

Mailing Address 301 N. Timber Ridge Ct.

City Muncie State IN Zip Code 47304

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

Name of Employer Business Services NEC Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.16738**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Nick Runnebohm**

Mailing Address 3177 S 375 E

City Shelbyville State IN Zip Code 46176

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

Name of Employer Runnebohm Construction Co. Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.16988**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

**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 26 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Santa**

Mailing Address 4650 S. Amber Dr

City: Bloomington State: IN Zip Code: 47401

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

Name of Employer: The Cook Group Occupation: Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 10 / 2014

**Transaction ID : SA11AI.16875**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Livingston Satterthwaite**

Mailing Address 7109 Lanham Ln.

City: Edina State: MN Zip Code: 55439

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

Name of Employer: Cummins Occupation: Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 07 / 2014

**Transaction ID : SA11AI.16850**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Semler**

Mailing Address 8015 Heyward Dr

City: Indianapolis State: IN Zip Code: 46250

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

Name of Employer: One America Occupation: CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11AI.17116**

Amount of Each Receipt this Period: 100.00

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

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

600.00

**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 27 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Smith**

Mailing Address 15838 Whistling Ln.

City Carmel State IN Zip Code 46034

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.16887**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2436 N. New Jersey

City Indianapolis State IN Zip Code 46205

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

Name of Employer Indiana Health Care Assoc Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.17135**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stuart Smith**

Mailing Address 7 Buttonwood Lane

City Darien State CT Zip Code 06820

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

Name of Employer Credit Suisse Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.16964**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

**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 28 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paul Stewart</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014	
Mailing Address 5409 W Deerbrook Dr.		<b>Transaction ID : SA11AI.16727</b>	
City Muncie	State IN	Zip Code 47304	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer Ball Memorial	Occupation Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. James Sturges</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 1214 E St. Rd. 46		<b>Transaction ID : SA11AI.16951</b>	
City Greensburg	State IN	Zip Code 47240	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Randall Tobias</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2014	
Mailing Address 10330 Laurel Ridge Lane		<b>Transaction ID : SA11AI.16886</b>	
City Carmel	State IN	Zip Code 46032	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 29 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Randall Tobias**

Mailing Address 10330 Laurel Ridge Lane

City Carmel State IN Zip Code 46032

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.17241**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -900.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Randall Tobias**

Mailing Address 10330 Laurel Ridge Lane

City Carmel State IN Zip Code 46032

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.17242**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 900.00

Redesignate:  
**[MEMO ITEM]**

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

Mailing Address PO Box 16

City North Vernon State IN Zip Code 47265

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.16987**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

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

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

\_\_\_\_\_ 200.00

\_\_\_\_\_

**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 30 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John Wall</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 8275 Woodland Creek Dr. W		<b>Transaction ID : SA11AI.17108</b>	
City Columbus	State IN	Zip Code 47201	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Cummins	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Mark Wynn</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 114 Cherry Trace		<b>Transaction ID : SA11AI.17107</b>	
City Madison	State IN	Zip Code 47250	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00	
Name of Employer Collins Hesnley & Wynn	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00		

Full Name (Last, First, Middle Initial) <b>C. Peter Yonkman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 5631 E. Kerr Creek Rd		<b>Transaction ID : SA11AI.16869</b>	
City Bloomington	State IN	Zip Code 47408	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer The Cook Group	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

**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 31 OF 92
	<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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**James Zink**

Mailing Address 8583 Twin Pointe Cir

City Indianapolis State IN Zip Code 46236

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

Name of Employer Zink Distributing Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2014**

**Transaction ID : SA11Al.16889**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**1000.00**

**43075.00**

**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 32 OF 92
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Decatur County GOP**

Mailing Address 2151 W County Road 500 N

City Greensburg State IN Zip Code 47240

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11B.16992**

Amount of Each Receipt this Period  
 800.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

800.00

800.00



**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 33 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**A.** Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17171**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

**B.** Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17172**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS AND PILOTS ASSOCIATION (POLITICAL ACTION COMMITTEE)

**C.** Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C70004585

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17173**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... 2500.00

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

2500.00

**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 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND (AMAZON PAC)**

Mailing Address 126 C STREET, NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17163**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17170**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)**

Mailing Address 1828 L ST NW  
SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11C.16828**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 35 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 500

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17176**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address 4250 NORTH FAIRFAX DRIVE 9TH FLOOR

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.16960**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17254**

Amount of Each Receipt this Period  
 2000.00

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

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

4500.00

**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 36 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC**

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00194746**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17253**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BRIDGEPOINT EDUCATION INC. PAC**

Mailing Address 13500 EVENING CREEK DR. NORTH SUITE 600

City SAN DIEGO State CA Zip Code 92128

FEC ID number of contributing federal political committee. **C C00478404**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11C.16943**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)**

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.16961**

Amount of Each Receipt this Period  
 4000.00

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

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

7500.00

**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 37 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CALFEE FUND FOR GOOD GOVERNMENT**

Mailing Address 1405 EAST SIXTH STREET

City State Zip Code  
CLEVELAND OH 44114

FEC ID number of contributing federal political committee. **C C00351635**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 04 / 2014

**Transaction ID : SA11C.16704**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00163832**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17165**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CUMMINS INC. POLITICAL ACTION COMMITTEE (CIPAC)**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
NORTH BUILDING, SUITE 625

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00377952**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11C.16836**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

**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 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11C.17106**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE**

Mailing Address 3 BETHESDA METRO CENTER SUITE 1100

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17191**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)**

Mailing Address ONE EXPRESS WAY

City State Zip Code  
ST. LOUIS MO 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17178**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 39 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE-FEDERAL (GEPAC FEDERAL)

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00492223

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17166**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
HILL-ROM HOLDINGS, INC. POLITICAL ACTION COMMITTEE (HRPAC)

Mailing Address 1069 STATE ROAD 46 EAST

City BATESVILLE State IN Zip Code 47006

FEC ID number of contributing federal political committee. **C** C00448993

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11C.16754**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
HILLENBRAND INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE BATESVILLE BOULEVARD

City BATESVILLE State IN Zip Code 47006

FEC ID number of contributing federal political committee. **C** C00363804

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11C.16866**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 40 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11C.16939**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11C.17238**

Amount of Each Receipt this Period  
-1000.00

Redesignate:  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11C.17239**

Amount of Each Receipt this Period  
1000.00

Redesignate: To General Election  
**[MEMO ITEM]**

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

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

1000.00



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

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

FOR LINE NUMBER: PAGE 41 OF 92  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**HUMANA INC. POLITICAL ACTION COMMITTEE**

Mailing Address 975 F STREET, NW  
SUITE 550

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00271007**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.17179**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : SA11C.16833**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11C.17145**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

**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 42 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11C.16716**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11C.16717**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17161**

Amount of Each Receipt this Period  
 2000.00

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

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

5000.00

**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 43 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code  
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11C.16993**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City State Zip Code  
NEW YORK NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17181**

Amount of Each Receipt this Period  
3000.00

**C.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City State Zip Code  
NEW YORK NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17182**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

**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 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICAL ACTION COMMITTEE

A. Mailing Address 1050 CONNECTICUT AVE NW STE 1100

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

**Transaction ID : SA11C.17167**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

B. Full Name (Last, First, Middle Initial)  
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE  
1ST FLOOR

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	20	/	2014

**Transaction ID : SA11C.16946**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

C. Full Name (Last, First, Middle Initial)  
PRECISION METALFORMING ASSOCIATION VOICE OF THE INDUSTRY COMMITTEE (PMAVIC)

Mailing Address 6363 OAK TREE BLVD.

City	State	Zip Code
INDEPENDENCE	OH	44131

FEC ID number of contributing federal political committee. **C** C00082271

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00
---	---

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

**Transaction ID : SA11C.17197**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3000.00
<b>TOTAL</b> 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 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

**A.** Mailing Address 8700 WEST BRYN MAWR  
SUITE 1200S  
City State Zip Code  
CHICAGO IL 60631

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014  
**Transaction ID : SA11C.17168**

FEC ID number of contributing federal political committee. **C** C00066472

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
1000.00

Full Name (Last, First, Middle Initial)  
**B. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1100 WILSON BLVD  
SUITE 1500  
City State Zip Code  
ARLINGTON VA 22209

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014  
**Transaction ID : SA11C.17120**

FEC ID number of contributing federal political committee. **C** C00097568

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
3500.00

Full Name (Last, First, Middle Initial)  
**C. Reelect Negangard Prosecutor**

Mailing Address PO Box 3475  
City State Zip Code  
Lawrenceburg IN 47025

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2014  
**Transaction ID : SA11C.17255**

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

Amount of Each Receipt this Period  
500.00

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date  
500.00

**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: (check only one)	PAGE 46 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. PAC (ROLLS-ROYCE NORTH AMERICA PAC)

Mailing Address 1875 EXPLORER STREET, SUITE 200

City	State	Zip Code
RESTON	VA	20190

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17160**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. PAC (ROLLS-ROYCE NORTH AMERICA PAC)

Mailing Address 1875 EXPLORER STREET, SUITE 200

City	State	Zip Code
RESTON	VA	20190

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17195**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF

Mailing Address 601 THIRTEENTH STREET, NW  
SUITE 500 NORTH

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11C.16945**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 3000.00

\_\_\_\_\_

**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 47 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 N.E. ADAMS STREET

City Peoria State IL Zip Code 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11C.16835**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17193**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE KROGER CO. POLITICAL ACTION COMMITTEE**

Mailing Address 1014 VINE STREET

City Cincinnati State OH Zip Code 45202

FEC ID number of contributing federal political committee. **C** C00059238

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11C.16831**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

**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 48 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TURKISH COALITION MIDWEST PAC AKA TC-MIDWEST-PAC**

Mailing Address PO BOX 523

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C** C00530865

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17118**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**TURKISH COALITION MIDWEST PAC AKA TC-MIDWEST-PAC**

Mailing Address PO BOX 523

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee. **C** C00530865

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.17157**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11C.16995**

Amount of Each Receipt this Period  
 3000.00

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

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

4500.00



**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 49 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
A. Mailing Address 1300 I ST NW, STE 400 WEST ATTN: TAYLOR CRAIG		Transaction ID : SA11C.17162
City WASHINGTON	State DC Zip Code 20005	
FEC ID number of contributing federal political committee. C C00186288		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>WELLPOINT, INC. WELLPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
B. Mailing Address 120 MONUMENT CIRCLE		Transaction ID : SA11C.17174
City INDIANAPOLIS	State IN Zip Code 46204	
FEC ID number of contributing federal political committee. C C00197228		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Refund Issued 4/14
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7500.00	

Full Name (Last, First, Middle Initial) <b>ZIMMER INC BETTER GOVERNMENT COMMITTEE (FEDERAL)</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
C. Mailing Address 345 EAST MAIN STREET PO BOX 708		Transaction ID : SA11C.17196
City WARSAW	State IN Zip Code 46581	
FEC ID number of contributing federal political committee. C C00399386		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	62500.00

**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 50 OF 92
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**The Congressional Institute**

Mailing Address 1700 Diagonal Road  
#730

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
445.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : SA14.16820**

Amount of Each Receipt this Period  
445.00

House Members Retreat Refund

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

445.00

445.00

**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 51 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 18 on the Square</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2014
Mailing Address 18 Public Square		Amount of Each Disbursement this Period 2,000.00 Transaction ID : SB17.16918
City Shelbyville	State IN	
Zip Code 46176	Purpose of Disbursement Meals Expense	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. 18 on the Square</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 18 Public Square		Amount of Each Disbursement this Period 1,000.00 Transaction ID : SB17.17217
City Shelbyville	State IN	
Zip Code 46176	Purpose of Disbursement Meals Expense	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>C. Amazon.com</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 440 Terry Ave.		Amount of Each Disbursement this Period 1,000.00 Transaction ID : SB17.17022 <b>[MEMO ITEM]</b>
City Seattle	State WA	
Zip Code 98109	Purpose of Disbursement Gift Expense - Pd by J. Huston	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	260.08
<b>TOTAL</b> 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 52 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. B &amp; C Hideout Restaurant</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 7242 W. US #52		Amount of Each Disbursement this Period 11.06
City New Palestine	State IN	
Zip Code 46163	Purpose of Disbursement Meals Expense - Pd by J. Huston	Transaction ID : SB17.17017
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. B&amp;H Photo</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 420 Ninth Avenue		Amount of Each Disbursement this Period 818.00
City New York	State NY	
Zip Code 10001	Purpose of Disbursement Camera Equipment	Transaction ID : SB17.16909
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 217.09
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meals Expense	Transaction ID : SB17.16906
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1035.09
<b>TOTAL</b> 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 53 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 20e

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 20.31	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.17065	
Purpose of Disbursement Meals Expense		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014	
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 594.32	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.17187	
Purpose of Disbursement Meals Expense		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>C. Casey's General Store</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 3100 S. Memorial Dr.			Amount of Each Disbursement this Period 33.24	
City New Castle	State IN	Zip Code 47362	Transaction ID : SB17.17043	
Purpose of Disbursement Gas Expense - Pd by J. Huston		Category/ Type	[MEMO ITEM]	
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	614.63
<b>TOTAL</b> 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 54 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 9510 E. 126th St.		Amount of Each Disbursement this Period 99.30 Transaction ID : SB17.17212
City Fishers State IN Zip Code 46038	Purpose of Disbursement Gas Expense	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 9510 E. 126th St.		Amount of Each Disbursement this Period 47.46 Transaction ID : SB17.17210
City Fishers State IN Zip Code 46038	Purpose of Disbursement Gas Expense	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 9510 E. 126th St.		Amount of Each Disbursement this Period 30.43 Transaction ID : SB17.17047 [MEMO ITEM]
City Fishers State IN Zip Code 46038	Purpose of Disbursement Gas Expense - Pd by J. Huston	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99.73
<b>TOTAL</b> 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 55 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 9510 E. 126th St.		Amount of Each Disbursement this Period 51.32
City Fishers State IN Zip Code 46038	Purpose of Disbursement Gas Expense	
Candidate Name	Category/Type	Transaction ID : SB17.17227
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:	

Full Name (Last, First, Middle Initial) <b>B. Circle K</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014
Mailing Address 9510 E. 126th St.		Amount of Each Disbursement this Period 33.78
City Fishers State IN Zip Code 46038	Purpose of Disbursement Gas Expense	
Candidate Name	Category/Type	Transaction ID : SB17.17223
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:	

Full Name (Last, First, Middle Initial) <b>c. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address ?2001 New Hampshire Ave NW		Amount of Each Disbursement this Period 150.00
City Washington State DC Zip Code 20009	Purpose of Disbursement Annual Dues	
Candidate Name	Category/Type	Transaction ID : SB17.16769
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	235.10
<b>TOTAL</b> 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 56 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Crossroads Family Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 615 W. US Highway 50		Amount of Each Disbursement this Period 18.81
City Versailles State IN Zip Code 47042	Purpose of Disbursement Meals Expense - Pd by J. Huston	
Candidate Name		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)	Transaction ID : SB17.17055 <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Decatur County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 2151 W County Road 500 N		Amount of Each Disbursement this Period 100.00
City Greensburg State IN Zip Code 47240	Purpose of Disbursement Advertising Expense	
Candidate Name		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)	Transaction ID : SB17.16780
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Delaware County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 301 W Main Street		Amount of Each Disbursement this Period 425.00
City Muncie State IN Zip Code 47305	Purpose of Disbursement Advertising Expense	
Candidate Name		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)	Transaction ID : SB17.16778
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	525.00
<b>TOTAL</b> 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 57 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 377.50
City Atlanta	State GA	
Zip Code 30320		Transaction ID : SB17.16795
Purpose of Disbursement RNC Finance School Airfare - Pd by Hallowell Consulting		
Candidate Name		[MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) <b>B. Denison Parking</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 36 S. Pennsylvania Street		Amount of Each Disbursement this Period 20.00
City Indianapolis	State IN	
Zip Code 46204		Transaction ID : SB17.17037
Purpose of Disbursement Parking Expense - Pd by G. Youngs		
Candidate Name		[MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) <b>c. Expedia, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 10190 Covington Cross Dr. #300		Amount of Each Disbursement this Period 737.02
City Las Vegas	State NV	
Zip Code 89144		Transaction ID : SB17.17077
Purpose of Disbursement Travel Expense		
Candidate Name		[MEMO ITEM]
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	737.02
<b>TOTAL</b> 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 58 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Express Parking</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2014
Mailing Address 145 E. Market Street		Amount of Each Disbursement this Period 60.00
City Indianapolis	State IN Zip Code 46204	
Purpose of Disbursement Parking Expense - Pd by J. Huston		Transaction ID : SB17.17015
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Fountain Square Group</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2014
Mailing Address 632 Vine Street Suite 805		Amount of Each Disbursement this Period 500.00
City Cincinnati	State OH Zip Code 45202	
Purpose of Disbursement Fundraising Consultant		Transaction ID : SB17.16804
Candidate Name		
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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of NRA</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2014
Mailing Address 11250 Waples Mill Rd.		Amount of Each Disbursement this Period 250.00
City Fairfax	State VA Zip Code 22030	
Purpose of Disbursement Contribution		Transaction ID : SB17.16775
Candidate Name		
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)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	750.00
<b>TOTAL</b> 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 59 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Genius Fix</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 2001 13th Street NW Unit B		Amount of Each Disbursement this Period 130.38
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement iPad Repairs	Transaction ID : SB17.17069
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Hallowell Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 342 East Arch Street		Amount of Each Disbursement this Period 2500.00
City Indianapolis	State IN	
Zip Code 46202	Purpose of Disbursement Fundraising Consultant	Transaction ID : SB17.16764
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. Hallowell Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 342 East Arch Street		Amount of Each Disbursement this Period 425.86
City Indianapolis	State IN	
Zip Code 46202	Purpose of Disbursement Computer Equipment Reimbursement	Transaction ID : SB17.16920
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3056.24
<b>TOTAL</b> 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 60 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hallowell Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 342 East Arch Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16922</b>
City Indianapolis State IN Zip Code 46202	Purpose of Disbursement Fundraising Consultant	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Hallowell Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 342 East Arch Street		Amount of Each Disbursement this Period 1028.23 <b>Transaction ID : SB17.16791</b>
City Indianapolis State IN Zip Code 46202	Purpose of Disbursement RNC Finance School Reimbursements	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. Hallowell Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 342 East Arch Street		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.16814</b>
City Indianapolis State IN Zip Code 46202	Purpose of Disbursement Fundraising Consultant	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6028.23
<b>TOTAL</b> 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 61 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hiatt Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1716 N. Wheeling Ave.		Amount of Each Disbursement this Period 157.00
City Muncie State IN Zip Code 47303	Purpose of Disbursement Business Cards - Pd by J. Huston	
Candidate Name		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)	Transaction ID : SB17.17023 <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hinkles Sandwich Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 204 W. Main St.		Amount of Each Disbursement this Period 17.02
City Madison State IN Zip Code 47250	Purpose of Disbursement Meals Expense - Pd by J. Huston	
Candidate Name		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)	Transaction ID : SB17.17059 <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address Longworth Building, Basement Level		Amount of Each Disbursement this Period 113.70
City Washington State DC Zip Code 20515	Purpose of Disbursement Gift Expense	
Candidate Name		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)	Transaction ID : SB17.17063
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	113.70
<b>TOTAL</b> 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 62 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period 1153.02 <b>Transaction ID : SB17.16996</b>
City Muncie State IN Zip Code 47304	Purpose of Disbursement Payroll Expense	
Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>B. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period 450.15 <b>Transaction ID : SB17.17008</b>
City Muncie State IN Zip Code 47304	Purpose of Disbursement Parking, Gas, Meals, Supplies & Postage Reimbursement	
Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>c. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period 606.26 <b>Transaction ID : SB17.16999</b>
City Muncie State IN Zip Code 47304	Purpose of Disbursement Payroll Expense	
Candidate Name		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2209.43
<b>TOTAL</b> 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 63 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period 606.27 <b>Transaction ID : SB17.17002</b>
City Muncie State IN Zip Code 47304	Purpose of Disbursement Payroll Expense	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period 510.98 <b>Transaction ID : SB17.17039</b>
City Muncie State IN Zip Code 47304	Purpose of Disbursement Gas, Meals, and Supplies Reimbursement	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period 84.39 <b>Transaction ID : SB17.16926</b>
City Muncie State IN Zip Code 47304	Purpose of Disbursement Mileage Reimbursement	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1201.64
<b>TOTAL</b> 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 64 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Johnathon B. Huston</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2014</b>
Mailing Address 1608 N. New York Ave.		Amount of Each Disbursement this Period <b>606.26</b> <b>Transaction ID : SB17.17005</b>
City <b>Muncie</b>	State <b>IN</b>	
Zip Code <b>47304</b>	Purpose of Disbursement <b>Payroll Expense</b>	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Indiana Federation of Young Republicans</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2014</b>
Mailing Address 5841 Kiah Ct.		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB17.16802</b>
City <b>Plainfield</b>	State <b>IN</b>	
Zip Code <b>46168</b>	Purpose of Disbursement <b>Contribution</b>	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. Indiana Republican State Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 10 / 2014</b>
Mailing Address 47 S. Meridian St. Ste. 200		Amount of Each Disbursement this Period <b>125.00</b> <b>Transaction ID : SB17.16765</b>
City <b>Indianapolis</b>	State <b>IN</b>	
Zip Code <b>46204</b>	Purpose of Disbursement <b>Software License Fee</b>	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1731.26</b>
<b>TOTAL</b> 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 65 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Indiana Republican State Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 47 S. Meridian St. Ste. 200		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.16790</b>
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement Software License Fee	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Indiana Republican State Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 47 S. Meridian St. Ste. 200		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.16928</b>
City Indianapolis State IN Zip Code 46204	Purpose of Disbursement Software License	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. Mike Lynch</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 345 W Broadway Street		Amount of Each Disbursement this Period 2593.75 <b>Transaction ID : SB17.16817</b>
City Shelbyville State IN Zip Code 46176	Purpose of Disbursement Payroll Expense	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2843.75
<b>TOTAL</b> 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 66 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address 1426 West Carmel Drive		Amount of Each Disbursement this Period 23.31
City Carmel	State IN Zip Code 46032	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17201
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 1426 West Carmel Drive		Amount of Each Disbursement this Period 53.73
City Carmel	State IN Zip Code 46032	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17218
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 1426 West Carmel Drive		Amount of Each Disbursement this Period 61.55
City Carmel	State IN Zip Code 46032	
Purpose of Disbursement Gas Expense - Paid by J. Huston	Candidate Name	Transaction ID : SB17.17021
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.04
<b>TOTAL</b> 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 67 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2014
Mailing Address 1426 West Carmel Drive		Amount of Each Disbursement this Period 39.28
City Carmel	State IN Zip Code 46032	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17219
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 1426 West Carmel Drive		Amount of Each Disbursement this Period 39.93
City Carmel	State IN Zip Code 46032	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Meijer</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 1426 West Carmel Drive		Amount of Each Disbursement this Period 53.11
City Carmel	State IN Zip Code 46032	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17228
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.32
<b>TOTAL</b> 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 68 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael's Uptown Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 102 E. Kirkwood		Amount of Each Disbursement this Period 332.11 <b>Transaction ID : SB17.17080</b>
City Bloomington	State IN	
Zip Code 47408	Purpose of Disbursement Meals Expense	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Midwest Communications Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address P.O. Box 441		Amount of Each Disbursement this Period 3156.02 <b>Transaction ID : SB17.16761</b>
City Franklin	State IN	
Zip Code 46131	Purpose of Disbursement Christmas Cards & Postage	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>c. Montgomery Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 5800 Indiana 3		Amount of Each Disbursement this Period 211.00 <b>Transaction ID : SB17.16908</b>
City Spiceland	State IN	
Zip Code 47385	Purpose of Disbursement Meals Expense	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3699.13
<b>TOTAL</b> 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 69 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Murphy USA</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 553 Ivy Tech Dr		Amount of Each Disbursement this Period 33.18
City Madison	State IN	
Zip Code 47250	Purpose of Disbursement Gas Expense - Pd by J. Huston	Transaction ID : SB17.17051
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 1500.00
City Indianapolis	State IN	
Zip Code 46202	Purpose of Disbursement Payroll Expense	Transaction ID : SB17.16771
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 756.27
City Indianapolis	State IN	
Zip Code 46202	Purpose of Disbursement Payroll Expense	Transaction ID : SB17.16997
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2256.27
<b>TOTAL</b> 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 70 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 756.27 <b>Transaction ID : SB17.17000</b>
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Payroll Expense	Category/Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 62.92 <b>Transaction ID : SB17.16788</b>
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Mileage Reimbursement	Category/Type	
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 756.27 <b>Transaction ID : SB17.17003</b>
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Payroll Expense	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1575.46
<b>TOTAL</b> 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 71 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 161.66 <b>Transaction ID : SB17.16923</b>
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Mileage and Cab Fare Reimbursement		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Kelsea Neal</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 126 E. St. Joseph Street Apt. B		Amount of Each Disbursement this Period 756.27 <b>Transaction ID : SB17.17006</b>
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Payroll Expense		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>c. OnGuard Security</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 10420 Hague Rd, # E		Amount of Each Disbursement this Period 351.45 <b>Transaction ID : SB17.16901</b>
City Fishers	State IN Zip Code 46038	
Purpose of Disbursement Security System Expense		Category/ Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1269.38
<b>TOTAL</b> 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 72 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 59.00
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Processing Fees		Transaction ID : SB17.16758
Candidate Name		
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 84.00
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Taxes		Transaction ID : SB17.16899
Candidate Name		
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 154.23
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Processing Fees		Transaction ID : SB17.16806
Candidate Name		
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)	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.23
<b>TOTAL</b> 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 73 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 859.46 <b>Transaction ID : SB17.16998</b>
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 66.73 <b>Transaction ID : SB17.16800</b>
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Processing Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 575.60 <b>Transaction ID : SB17.17001</b>
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1501.79
<b>TOTAL</b> 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 74 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 66.73
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Processing Fees		Transaction ID : SB17.16807
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 575.59
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Taxes		Transaction ID : SB17.17004
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 66.73
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Processing Fees		Transaction ID : SB17.16933
Candidate Name		
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	709.05
<b>TOTAL</b> 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 75 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 9405 Delegates Row		Amount of Each Disbursement this Period 575.60 <b>Transaction ID : SB17.17007</b>
City Indianapolis	State IN Zip Code 46240	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 43.00 <b>Transaction ID : SB17.16823</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 144 2nd Street 1st Floor		Amount of Each Disbursement this Period 88.15 <b>Transaction ID : SB17.17199</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	706.75
<b>TOTAL</b> 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 76 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Puerto Vallarta Mexican Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 508 S. Tillostson Ave.		Amount of Each Disbursement this Period 17.67
City Muncie	State IN Zip Code 47304	
Purpose of Disbursement Meals Expense - Paid by J. Huston		Transaction ID : SB17.17019
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Quickbooks Online</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.75
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Accounting Software		Transaction ID : SB17.16898
Candidate Name		
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)	Category/Type
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Quickbooks Online</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 136.94
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement Check Supplies		Transaction ID : SB17.17064
Candidate Name		
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)	Category/Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.69
<b>TOTAL</b> 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 77 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Quickbooks Online</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.75
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Accounting Software	<b>Transaction ID : SB17.17067</b>
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Quickbooks Online</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 42.75
City Mountain View	State CA	
Zip Code 94043	Purpose of Disbursement Accounting Software	<b>Transaction ID : SB17.17186</b>
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. RadioShack</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 230 N Main St		Amount of Each Disbursement this Period 46.25
City Rushville	State IN	
Zip Code 46173	Purpose of Disbursement Office Supplies	<b>Transaction ID : SB17.17061</b> <b>[MEMO ITEM]</b>
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	85.50
<b>TOTAL</b> 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 78 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Randolph Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 888 E. Washington St.		Amount of Each Disbursement this Period 30.57
City Winchester	State IN	
Zip Code 47394	Purpose of Disbursement Meals Expense - Pd by J. Huston	Transaction ID : SB17.17040
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Red Top Fairfax Cab</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3251 Washington Blvd		Amount of Each Disbursement this Period 76.48
City Alexandria	State VA	
Zip Code 22201	Purpose of Disbursement Cab Fare Expense - Paid by K. Neal	Transaction ID : SB17.17088
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN NATIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014
Mailing Address 310 FIRST STREET SE		Amount of Each Disbursement this Period 200.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement RNC Finance School Fee - Pd by Hallowell Consulting	Transaction ID : SB17.16796
Candidate Name	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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 79 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ricker's BP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1850 E. 116th St.		Amount of Each Disbursement this Period 34.62
City Carmel	State IN Zip Code 46033	
Purpose of Disbursement Gas Expense - Pd by J. Huston		Transaction ID : SB17.17050
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ricker BP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 3240 N. Executive Park		Amount of Each Disbursement this Period 50.00
City Yorktown	State IN Zip Code 47396	
Purpose of Disbursement Gas Expense - Pd by J. Huston		Transaction ID : SB17.17013
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 104 S Main St		Amount of Each Disbursement this Period 32.71
City Rushville	State IN Zip Code 46173	
Purpose of Disbursement Gas Expense - Pd by J. Huston		Transaction ID : SB17.17042
Candidate Name		
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 80 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Smith's Row</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 418 4th Street		Amount of Each Disbursement this Period 989.67
City Columbus	State IN	
Zip Code 47201	Purpose of Disbursement Meals Expense - Pd by J. Huston	Transaction ID : SB17.17062 <b>[MEMO ITEM]</b>
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Smith's Row</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 418 4th Street		Amount of Each Disbursement this Period 614.67
City Columbus	State IN	
Zip Code 47201	Purpose of Disbursement Catering Expense	Transaction ID : SB17.17076
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. Tracy Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 3301 N. Lincoln Hill Rd.		Amount of Each Disbursement this Period 375.00
City Martinsville	State IN	
Zip Code 46151	Purpose of Disbursement Accounting Fees	Transaction ID : SB17.16760
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	989.67
<b>TOTAL</b> 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 81 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Tracy Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 3301 N. Lincoln Hill Rd.		Amount of Each Disbursement this Period 648.35 <b>Transaction ID : SB17.16781</b>
City Martinsville State IN Zip Code 46151	Purpose of Disbursement Accounting Services	
Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>B. Tracy Smith</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 3301 N. Lincoln Hill Rd.		Amount of Each Disbursement this Period 212.50 <b>Transaction ID : SB17.16808</b>
City Martinsville State IN Zip Code 46151	Purpose of Disbursement Accounting Services	
Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>c. Speedway</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2014
Mailing Address 402 W Main St		Amount of Each Disbursement this Period 47.87 <b>Transaction ID : SB17.17211</b>
City Greensburg State IN Zip Code 47240	Purpose of Disbursement Gas Expense	
Candidate Name		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	908.72
<b>TOTAL</b> 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 82 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Speedway</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2014
Mailing Address 402 W Main St		Amount of Each Disbursement this Period 49.30
City Greensburg	State IN Zip Code 47240	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17209
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Speedway</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 402 W Main St		Amount of Each Disbursement this Period 35.00
City Greensburg	State IN Zip Code 47240	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Speedway</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 402 W Main St		Amount of Each Disbursement this Period 57.09
City Greensburg	State IN Zip Code 47240	
Purpose of Disbursement Gas Expense	Candidate Name	Transaction ID : SB17.17216
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	141.39
<b>TOTAL</b> 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 83 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Stuckey's</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 2351 N. Centerville Rd		Amount of Each Disbursement this Period 28.00
City Centerville	State IN	
Zip Code 47330	Purpose of Disbursement Gas Expense - Pd by J. Huston	Transaction ID : SB17.17048
Candidate Name	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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sullivan's Steakhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 3316 E 86th Street		Amount of Each Disbursement this Period 1290.00
City Indianapolis	State IN	
Zip Code 46240	Purpose of Disbursement Catering for Fundraising Event	Transaction ID : SB17.17198
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>c. Texas Roadhouse</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 200 W. McGalliard		Amount of Each Disbursement this Period 29.81
City Muncie	State IN	
Zip Code 47303	Purpose of Disbursement Meals Expense - Pd by J. Huston	Transaction ID : SB17.17057
Candidate Name	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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1290.00
<b>TOTAL</b> 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 84 OF 92			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Cannon Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 1301 K Street NW Suite 1050 E		Amount of Each Disbursement this Period 4117.79
City Washington State DC Zip Code 20005	Category/Type	
Purpose of Disbursement Fundraising Consultant	Candidate Name	<b>Transaction ID : SB17.16759</b>
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:	

Full Name (Last, First, Middle Initial) <b>B. The Cannon Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014
Mailing Address 1301 K Street NW Suite 1050 E		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20005	Category/Type	
Purpose of Disbursement Fundraising Consulting	Candidate Name	<b>Transaction ID : SB17.16803</b>
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:	

Full Name (Last, First, Middle Initial) <b>c. The Cannon Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1301 K Street NW Suite 1050 E		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20005	Category/Type	
Purpose of Disbursement Fundraising Consultant	Candidate Name	<b>Transaction ID : SB17.16810</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12117.79
<b>TOTAL</b> 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 85 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. The Congressional Institute</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014	
Mailing Address 1700 Diagonal Road #730			Amount of Each Disbursement this Period 890.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.16762	
Purpose of Disbursement House Member Retreat Fees		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>B. The Liaison Capitol Hill Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014	
Mailing Address 415 New Jersey Ave NW			Amount of Each Disbursement this Period 450.73	
City Washington	State DC	Zip Code 20001	Transaction ID : SB17.16798	
Purpose of Disbursement RNC Finance School Lodging - Pd by Hallowell Consulting		Category/ Type		
Candidate Name				
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:				

Full Name (Last, First, Middle Initial) <b>c. The White Front Cafe</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 51 N. Madison Ave.			Amount of Each Disbursement this Period 17.07	
City North Vernon	State IN	Zip Code 47265	Transaction ID : SB17.17053	
Purpose of Disbursement Meals Expense - Pd by J. Huston		Category/ Type		
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	890.00
<b>TOTAL</b> 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 86 OF 92		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address Circle City Station		Amount of Each Disbursement this Period 87.42
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Postage Expense	Category/Type	<b>Transaction ID : SB17.17026</b>
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address Circle City Station		Amount of Each Disbursement this Period 54.00
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Annual PO Box Rental Fee	Category/Type	<b>Transaction ID : SB17.16768</b>
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address Circle City Station		Amount of Each Disbursement this Period 230.00
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Postage Expense	Category/Type	<b>Transaction ID : SB17.16772</b>
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	371.42
<b>TOTAL</b> 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 87 OF 92			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address Circle City Station		Amount of Each Disbursement this Period 67.37
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Postage Expense - Pd by J. Huston		Transaction ID : SB17.17009
Candidate Name		
Office Sought:	Disbursement For:	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address Circle City Station		Amount of Each Disbursement this Period 147.00
City Indianapolis	State IN Zip Code 46202	
Purpose of Disbursement Postage Expense		Transaction ID : SB17.16782
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address ?201 East Jefferson Street		Amount of Each Disbursement this Period 492.00
City Phoenix	State AZ Zip Code 85004	
Purpose of Disbursement Airfare		Transaction ID : SB17.16891
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	639.00
<b>TOTAL</b> 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 88 OF 92		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address ?201 East Jefferson Street		Amount of Each Disbursement this Period 470.00
City Phoenix	State AZ	
Zip Code 85004	Purpose of Disbursement Airfare	Transaction ID : SB17.17068
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address ?201 East Jefferson Street		Amount of Each Disbursement this Period 640.00
City Phoenix	State AZ	
Zip Code 85004	Purpose of Disbursement Airfare	Transaction ID : SB17.17200
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 140 West St		Amount of Each Disbursement this Period 136.62
City New York	State NY	
Zip Code 10007	Purpose of Disbursement Cell Phone Expense	Transaction ID : SB17.16890
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1246.62
<b>TOTAL</b> 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 89 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 140 West St		Amount of Each Disbursement this Period 136.71 <b>Transaction ID : SB17.16913</b>
City New York	State NY	
Zip Code 10007	Purpose of Disbursement Cell Phone Expense	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 140 West St		Amount of Each Disbursement this Period 51.78 <b>Transaction ID : SB17.16809</b>
City New York	State NY	
Zip Code 10007	Purpose of Disbursement Wireless Data Card	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 140 West St		Amount of Each Disbursement this Period 136.69 <b>Transaction ID : SB17.17071</b>
City New York	State NY	
Zip Code 10007	Purpose of Disbursement Cell Phone Expense	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	325.18
<b>TOTAL</b> 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 90 OF 92	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Village Pantry</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 1240 NW 5th Street		Amount of Each Disbursement this Period 59.27
City Richmond	State IN Zip Code 47374	
Purpose of Disbursement Gas Expense - Pd by J. Huston		Transaction ID : SB17.17045
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Wal-Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 1850 North Main Street		Amount of Each Disbursement this Period 425.86
City Rushville	State IN Zip Code 46173	
Purpose of Disbursement Computer Hardware - Pd by Hallowell Consulting		Transaction ID : SB17.17012
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		[MEMO ITEM]
Candidate Name		
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)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	52850.30

**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 91 OF 92
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PEOPLE FOR DAVID JOLLY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 320 1ST ST SE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB18.16755</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: FL District: 13		

Full Name (Last, First, Middle Initial) <b>B. RODNEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address PO BOX 344		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB18.16930</b>
City TAYLORVILLE State IL Zip Code 62568	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: IL District: 13		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Contribution	
Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	2750.00

**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 92 OF 92	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LUKE MESSER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hoosiers for Economic Growth PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2014</b>
Mailing Address P.O. Box 2441		Amount of Each Disbursement this Period <b>1000.00</b>
City Indianapolis State IN Zip Code 46206	Category/Type	
Purpose of Disbursement Refund	Candidate Name	<b>Transaction ID : SB20C.16929</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1000.00</b>