

**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 64
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. ERIN HOUCHIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 109 LAKEVIEW DRIVE PO BOX 234		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I5037
City SALEM State IN Zip Code 47167	Purpose of Disbursement FEDERAL CONTRIBUTION 011 Category/Type	
Candidate Name MS. ERIN HOUCHIN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IN District: 09		

Full Name (Last, First, Middle Initial) B. POLIQUIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 123 SNOW POND RD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I5034
City OAKLAND State ME Zip Code 04963	Purpose of Disbursement FEDERAL CONTRIBUTION	
Candidate Name BRUCE L POLIQUIN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME District: 02		

Full Name (Last, First, Middle Initial) C. MARTIN COUNTY REPUBLICAN CENTRAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address PO BOX 627 ATTN: EARL BOYD		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.I5005
City SHOALS State IN Zip Code 47581	Purpose of Disbursement NONFEDERAL CONTRIBUTION 011 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:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	