



**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))....	250869.45	458335.47
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	250869.45	458335.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	73881.34	222643.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	787.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73881.34	221856.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	534310.90	
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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	107700.00	158284.07
(ii) Unitemized.....	3125.00	5256.95
(iii) TOTAL of contributions from individuals ▶	110825.00	163541.02
(b) Political Party Committees.....	1000.00	1000.00
(c) Other Political Committees (such as PACs).....	139044.45	293794.45
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	250869.45	458335.47
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	787.50
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	250869.45	459122.97

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	73881.34	222643.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	95286.00	161257.43
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	18000.00	31000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	187167.34	414901.25

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	470608.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	250869.45
25. SUBTOTAL (add Line 23 and Line 24).....	721478.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	187167.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	534310.90

**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 112
	<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)  
**JASON KAPLAN**

Mailing Address 150 EAST 49TH STREET APT 4D

City NEW YORK State NY Zip Code 10017-1236

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

Name of Employer THE CREDIT PROS Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2015

**Transaction ID : SA11.5136**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 609 OAKLEY PL

City ALEXANDRIA State VA Zip Code 22302-3611

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

Name of Employer ERIS GROUP Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2015

**Transaction ID : SA11.5282**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

EVENT RENTAL FEE

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

Mailing Address 12910 CREAMERY HILL DRIVE

City GERMANTOWN State MD Zip Code 20874-6338

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

Name of Employer CASSIDY & ASSOCIATES Occupation SENIOR VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015

**Transaction ID : SA11.5169**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**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 6 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEBORAH A. BROWN**

Mailing Address 684 SUFFOLK LANE

City State Zip Code  
CARMEL IN 46032-8660

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

Name of Employer Occupation  
FAMILY PRACTICE PHYSICIANS PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : SA11.5179**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 684 SUFFOLK LANE

City State Zip Code  
CARMEL IN 46032-8660

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

Name of Employer Occupation  
FAMILY PRACTICE PHYSICIANS PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11.5179B**

Amount of Each Receipt this Period  
 -2300.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 684 SUFFOLK LANE

City State Zip Code  
CARMEL IN 46032-8660

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

Name of Employer Occupation  
FAMILY PRACTICE PHYSICIANS PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11.5191**

Amount of Each Receipt this Period  
 2300.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**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 7 OF 112
	<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>JAMES BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2015
Mailing Address 684 SUFFOLK LANE		<b>Transaction ID : SA11.5176</b>
City CARMEL	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer CENTAUR	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>JAMES BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2015
Mailing Address 684 SUFFOLK LANE		<b>Transaction ID : SA11.5176B</b>
City CARMEL	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2300.00
Name of Employer CENTAUR	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	<b>[MEMO ITEM]</b> REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial) <b>JAMES BROWN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2015
Mailing Address 684 SUFFOLK LANE		<b>Transaction ID : SA11.5187</b>
City CARMEL	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer CENTAUR	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	<b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<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: PAGE 8 OF 112  
(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)  
**JOHN KEELER**

Mailing Address 1620 E 75TH STREET

City INDIANAPOLIS State IN Zip Code 46240-3181

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

Name of Employer CENTAUR GAMING Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : SA11.5174**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

Mailing Address 1620 E 75TH STREET

City INDIANAPOLIS State IN Zip Code 46240-3181

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

Name of Employer CENTAUR GAMING Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11.5174B**

Amount of Each Receipt this Period  
 -2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

Mailing Address 1620 E 75TH STREET

City INDIANAPOLIS State IN Zip Code 46240-3181

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

Name of Employer CENTAUR GAMING Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11.5183**

Amount of Each Receipt this Period  
 2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**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 9 OF 112
	<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)  
**PAMELA A. RATCLIFF**

Mailing Address 5172 GARDENIA CT.

City WEST LAFAYETTE State IN Zip Code 47906-9064

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2015

**Transaction ID : SA11.5178**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address 5172 GARDENIA CT.

City WEST LAFAYETTE State IN Zip Code 47906-9064

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2015

**Transaction ID : SA11.5178B**

Amount of Each Receipt this Period  
-2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

Mailing Address 5172 GARDENIA CT.

City WEST LAFAYETTE State IN Zip Code 47906-9064

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 27 / 2015

**Transaction ID : SA11.5189**

Amount of Each Receipt this Period  
2300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

**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 10 OF 112
	<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)  
**RODERICK J. RATCLIFF**

Mailing Address 5172 GARDENIA CT.

City WEST LAFAYETTE State IN Zip Code 47906-9064

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

Name of Employer CENTAUR Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : SA11.5175**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

Mailing Address 5172 GARDENIA CT.

City WEST LAFAYETTE State IN Zip Code 47906-9064

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

Name of Employer CENTAUR Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11.5175B**

Amount of Each Receipt this Period  
 -2300.00  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 5172 GARDENIA CT.

City WEST LAFAYETTE State IN Zip Code 47906-9064

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

Name of Employer CENTAUR Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015

**Transaction ID : SA11.5185**

Amount of Each Receipt this Period  
 2300.00  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

**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: PAGE 11 OF 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

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

Mailing Address 9273 LERWICK DR

City State Zip Code  
DUBLIN OH 43017-9492

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

Name of Employer Occupation  
CGCN GROUP PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5209**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 2360 S ARLINGTON RIDGE RD

City State Zip Code  
ARLINGTON VA 22202-2255

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

Name of Employer Occupation  
HILL STRATEGIES EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5207**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

Mailing Address 4870-D NORTH OLD DOMINION DR.

City State Zip Code  
ARLINGTON VA 22207-2769

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

Name of Employer Occupation  
CGCN GROUP ASSOCIATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5206**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 12 OF 112  
(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)  
**SCOTT M. MILLER**

Mailing Address 4197 S 500 E

City: **WARSAW** State: **IN** Zip Code: **46580-8615**

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

Name of Employer: **SELF-EMPLOYED** Occupation: **BUSINESS**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **1000.00**

Date of Receipt: **05 / 06 / 2015**

**Transaction ID : SA11.5208**

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

CONTRIBUTION

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

Mailing Address 4870 MALTESE CT NE

City: **BELMONT** State: **MI** Zip Code: **49306-9032**

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

Name of Employer: **PRIDGEON & CLAY, INC.** Occupation: **CEO**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **1500.00**

Date of Receipt: **05 / 11 / 2015**

**Transaction ID : SA11.5171**

Amount of Each Receipt this Period: **1500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DONALD F. DICKEY JR.**

Mailing Address 95 HUNTERS LN.

City: **BATESVILLE** State: **IN** Zip Code: **47006-9012**

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

Name of Employer: **SELF-EMPLOYED** Occupation: **PERSONAL ASSISTANT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **05 / 12 / 2015**

**Transaction ID : SA11.5225**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

**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 13 OF 112
	<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)  
**MRS. DEBRA EDELMAN**

Mailing Address 3274 LANTERN TRAIL

City Richmond State IN Zip Code 47374-7195

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

Name of Employer RECYLING CENTER INC. Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5218**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

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

Mailing Address 20265 TONY RD.

City BATESVILLE State IN Zip Code 47006-7061

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

Name of Employer ENNEKING AUTO BODY INC Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5215**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 25203 UNDERPASS RD

City BATESVILLE State IN Zip Code 47006-9006

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5231**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4700.00

**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 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JODY FLEDDERMAN**

Mailing Address 177 SIX PINE RANCH RD.

City BATESVILLE State IN Zip Code 47006-9248

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

Name of Employer BATESVILLE TOOL & DIE Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5213**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

Mailing Address 23124 POCKET RD

City BATESVILLE State IN Zip Code 47006-9508

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

Name of Employer BATESVILLE TOOL & DIE INC. Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5216**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 324 MITCHELL AVE

City BATESVILLE State IN Zip Code 47006-9015

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

Name of Employer SOUTHERN CROSS CLUB & WAHILL Occupation DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5230**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 112  
(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)  
**MR. WILLIAM A. HILLENBRAND**

Mailing Address 610 FLORAL CT.

City BATESVILLE State IN Zip Code 47006-1067

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

Name of Employer THE MOREL COMPANY Occupation EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5223**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 129

City RICHMOND State IN Zip Code 47375-0129

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

Name of Employer J.M. HUTTON & CO. Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5219**

Amount of Each Receipt this Period  
 1100.00  
 CONTRIBUTION

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

Mailing Address 1015 SW 15TH ST

City RICHMOND State IN Zip Code 47374-5183

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

Name of Employer SAVER SYSTEMS Occupation OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5212**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

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

4800.00

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

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

FOR LINE NUMBER: PAGE 16 OF 112  
(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)  
**CHAD MILES**

Mailing Address P.O. BOX 513

City State Zip Code  
SUNMAN IN 47041-0513

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

Name of Employer Occupation  
ETC PRESIDENT/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5222**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 9928 WOODLAND DR

City State Zip Code  
MOORESVILLE IN 46158-6174

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

Name of Employer Occupation  
OVERTON & SONS TOOL & DIE EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5232**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 3416 BRECKENRIDGE DR.

City State Zip Code  
RICHMOND IN 47374-8301

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5217**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 112
	<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)  
**ANTHONY RODA**

Mailing Address 3416 OLD DOMINION BLVD

City State Zip Code  
ALEXANDRIA VA 22305-1320

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

Name of Employer Occupation  
WILLIAMS & JENSEN, PLLC ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2015

**Transaction ID : SA11.5172**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 1851 ACORN LN

City State Zip Code  
MISHAWAKA IN 46544-6710

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

Name of Employer Occupation  
BERTRAND PRODUCTS INC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : SA11.5244**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRED M. FEHSENFELD SR.**

Mailing Address 149 WILLOWGATE LANE

City State Zip Code  
INDIANAPOLIS IN 46260-1433

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

Name of Employer Occupation  
THE HERITAGE GROUP CHAIRMAN/EXECUTIVE COMMITTEE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : SA11.5236**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

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

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

3950.00

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

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

FOR LINE NUMBER: PAGE 18 OF 112  
(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)  
**SAM GEDULDIG**

Mailing Address 1001 PENNSYLVANIA AVE, NW

City State Zip Code  
WASHINGTON DC 20004-2505

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

Name of Employer Occupation  
CLARK, LYTLE, GEDULDIG, CRANFORD LOBBYIST

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11.5237**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 161 BROOK DR

City State Zip Code  
BATESVILLE IN 47006-7627

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

Name of Employer Occupation  
HILLENBRAND INC. EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11.5243**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1348 CONSTITUTION AVE.

City State Zip Code  
WASHINGTON DC 20002-6467

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

Name of Employer Occupation  
CGCN GROUP PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11.5245**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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: PAGE 19 OF 112  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICK CONNER**

Mailing Address **7260 SHADELAND STATION**

City **INDIANAPOLIS** State **IN** Zip Code **46256-3975**

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

Name of Employer **AMERICAN STRUCTUREPOINT, INC.** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11.5252**

Amount of Each Receipt this Period  
**2700.00**

CONTRIBUTION

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

Mailing Address **1656-D BEEKMAN PLACE NW**

City **WASHINGTON** State **DC** Zip Code **20009-6500**

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

Name of Employer **BALL STATE UNIVERSITY** Occupation **GOVERNMENT AFFAIRS**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11.5255**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **905 GLEE MINER DR**

City **WARSAW** State **IN** Zip Code **46580-5066**

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

Name of Employer **NUELL AIR EQUIPMENT** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2015**

**Transaction ID : SA11.5263**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**4200.00**

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

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

FOR LINE NUMBER: PAGE 20 OF 112  
(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)  
**MARY LORETAN JACKSON**

Mailing Address 6923 ALPHA RD

City State Zip Code  
DALLAS TX 75240-3601

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

Name of Employer Occupation  
CASH AMERICA INC. GOVERNMENT AFFAIRS

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5264**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 10330 LAUREL RIDGE LANE

City State Zip Code  
CARMEL IN 46032-8818

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5251**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 541

City State Zip Code  
WINCHESTER IN 47394-0541

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

Name of Employer Occupation  
WICK'S PIES OWNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5256**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3200.00

**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 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LARRY LANDIS**

Mailing Address 9560 HUNTINGTON LANE

City State Zip Code  
INDIANAPOLIS IN 46260-6076

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

Name of Employer Occupation  
STATE OF INDIANA UTILITY REGULATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

**Transaction ID : SA11.5248**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAY N. CRANFORD II**

Mailing Address 136 N. RICHMOND ST

City State Zip Code  
ARLINGTON VA 22207-

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

Name of Employer Occupation  
CGCN GROUP EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : SA11.5275**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 12199 ISLAND DR.

City State Zip Code  
INDIANAPOLIS IN 46256-9421

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

Name of Employer Occupation  
A & F ENGINEERING VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : SA11.5267**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**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 22 OF 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>ROBERT J. PERRIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015
Mailing Address 1253 RITTENHOUSE LN.		<b>Transaction ID : SA11.5266</b>
City ROCK HILL	State SC	Zip Code 29732-7424
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 400.00	
Name of Employer WILLIAMS AND FUDGE	Occupation EXEUCTIVE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00	

Full Name (Last, First, Middle Initial) <b>HARRISON WADSWORTH III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015
Mailing Address 1101 VERMONT AVE., NW		<b>Transaction ID : SA11.5273</b>
City WASHINGTON	State DC	Zip Code 20005-3521
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 200.00	
Name of Employer WASHINGTON PARTNERS LLC	Occupation PRINCIPAL	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) <b>JASON L. WILLIAMSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2015
Mailing Address 2262 ROAD 60		<b>Transaction ID : SA11.5277</b>
City PAYNE	State OH	Zip Code 45880-9310
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period CONTRIBUTION 1300.00	
Name of Employer WILLIAMSON INSURANCE AGENCY	Occupation INSURANCE AGENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<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: PAGE 23 OF 112  
(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)  
**TERESA P. WILLIAMSON**

Mailing Address 10267 ROAD 95

City PAULDING State OH Zip Code 45879-9201

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

Name of Employer WILLIAMSON INSURANCE AGENCY Occupation INSURANCE AGENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.5276**

Amount of Each Receipt this Period  
 1300.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DARRELL E. ZINK, JR.**

Mailing Address 5707 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1447

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

Name of Employer STRATEGIC CAPITAL PARTNERS Occupation CHAIRMAN/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.5268**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 5203 NORTHWOOD DR.

City COLUMBUS State IN Zip Code 47201-9746

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

Name of Employer LHP Occupation PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2015

**Transaction ID : SA11.5249**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4800.00

**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 112
	<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)  
**MATTHEW TUTEN**

Mailing Address P.O. BOX 310

City State Zip Code  
HUME VA 22639-

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

Name of Employer Occupation  
AKIN GUMP STRAUSS HAUER & FELD LLP SENIOR POLICY ADVISOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

**Transaction ID : SA11.5250**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROLLIN M. DICK**

Mailing Address 9085 E. SR 334

City State Zip Code  
ZIONSVILLE IN 46077-8662

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

Name of Employer Occupation  
HAVERSTICK CONSULTING CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5285**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 901 ROUNDTABLE CT.

City State Zip Code  
INDIANAPOLIS IN 46260-4959

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

Name of Employer Occupation  
HASTEN BANCSHARES CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5288**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

SEE REATTRIBUTION

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

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

3450.00

**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 112
	<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)  
**MR. HART HASTEN**

Mailing Address 901 ROUNDTABLE CT.

City State Zip Code  
INDIANAPOLIS IN 46260-4959

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

Name of Employer Occupation  
HASTEN BANCSHARES CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5288B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

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

Mailing Address 901 ROUNDTABLE CT.

City State Zip Code  
INDIANAPOLIS IN 46260-4959

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5289**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

Mailing Address 8250 EAST 300 SOUTH

City State Zip Code  
ZIONSVILLE IN 46077-8697

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

Name of Employer Occupation  
MERRILL LYNCH SR VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2015

**Transaction ID : SA11.5299**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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 26 OF 112  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD ACKLEY**

Mailing Address 1270 LAURELWOOD

City State Zip Code  
CARMEL IN 46032-8752

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

Name of Employer Occupation  
DALMATION FIRE, INC. PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5312**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. R. DONALD BELL**

Mailing Address 5406 W. WESTMINSTER BLVD.

City State Zip Code  
MUNCIE IN 47304-9813

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5324**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT L. BOWEN**

Mailing Address 8802 N. MERIDIAN ST

City State Zip Code  
INDIANAPOLIS IN 46260-5380

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

Name of Employer Occupation  
BOWEN ENGINEERING EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5365**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4000.00

**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 112
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LESA DIETRICK**

Mailing Address 129 E. WESTFIELD

City INDIANAPOLIS State IN Zip Code 46220-2547

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

Name of Employer ICE MILLER Occupation PUBLIC AFFAIRS SPECIALIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5306**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address 1001 PENNSYLVANIA AVE, NW

City WASHINGTON State DC Zip Code 20004-2505

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

Name of Employer CLARK, LYTLE, GEDULDIG, CRANFORD Occupation LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5363**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address 9135 NAUTICAL WATCH DRIVE

City INDIANAPOLIS State IN Zip Code 46236-9036

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

Name of Employer SEASE GERIG Occupation PUBLIC RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5308**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**850.00**

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

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

FOR LINE NUMBER: PAGE 28 OF 112  
(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)  
**JOHN GIBBS**

Mailing Address 10923 SEDGEMOOR CIR.

City State Zip Code  
CARMEL IN 46032-9194

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5315**

Amount of Each Receipt this Period  
 5400.00  
 CONTRIBUTION

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

Mailing Address 10923 SEDGEMOOR CIR.

City State Zip Code  
CARMEL IN 46032-9194

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5315B**

Amount of Each Receipt this Period  
 -2700.00  
 CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

Mailing Address 10923 SEDGEMOOR CIR.

City State Zip Code  
CARMEL IN 46032-9194

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5352**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

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

5400.00

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

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

FOR LINE NUMBER: PAGE 29 OF 112  
(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)  
**ROBERT GOAD**

Mailing Address 845 W 116TH ST

City State Zip Code  
CARMEL IN 46032-9572

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

Name of Employer Occupation  
COLUMBIA MANAGEMENT PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5321**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

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

Mailing Address 9523 TIMBERLINE CT

City State Zip Code  
INDIANAPOLIS IN 46256-4725

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

Name of Employer Occupation  
BARNES&THORNBURG LLP ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5302**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN R. HAMMOND III**

Mailing Address 612 E 13TH ST

City State Zip Code  
INDIANAPOLIS IN 46202-2732

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

Name of Employer Occupation  
ICE MILLER ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5307**

Amount of Each Receipt this Period  
 1700.00  
 CONTRIBUTION

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

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

4650.00

**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 112
	<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)  
**MR. JOHN R. HAMMOND III**

Mailing Address 612 E 13TH ST

City State Zip Code  
INDIANAPOLIS IN 46202-2732

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

Name of Employer Occupation  
ICE MILLER ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5307B**

Amount of Each Receipt this Period  
-1000.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN R. HAMMOND III**

Mailing Address 612 E 13TH ST

City State Zip Code  
INDIANAPOLIS IN 46202-2732

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

Name of Employer Occupation  
ICE MILLER ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5354**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address P.O. BOX 128

City State Zip Code  
MILROY IN 46156-0128

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

Name of Employer Occupation  
HARCOURT INDUSTRIES, INC. OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5318**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**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 31 OF 112  
(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)  
**JOHN HOOVER**

Mailing Address 6003 SUNSET LN.

City INDIANAPOLIS State IN Zip Code 46228-1454

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

Name of Employer HOOVER HULL Occupation ATTORNEY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5317**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

CONTRIBUTION

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

Mailing Address 3507 BROADRUN DR.

City FAIRFAX State VA Zip Code 22033-2164

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

Name of Employer FERGUSON STRATEGIES LLC Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5303**

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

CONTRIBUTION

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

Mailing Address 4285 E. GREENSBURG RD

City FRANKLIN State IN Zip Code 46131-8486

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

Name of Employer MIDWEST COMMUNICATIONS GROUP Occupation CONSULTANT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5313**

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

CONTRIBUTION

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

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

\_\_\_\_\_ 4000.00

\_\_\_\_\_

**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 112
	<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)  
**JIM KITTLE**

Mailing Address 10500 JUMPER LN.

City State Zip Code  
CARMEL IN 46032-9684

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

Name of Employer Occupation  
KITTLE'S FURNITURE CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5320**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 3510 SEDGEMOOR CIRCLE

City State Zip Code  
CARMEL IN 46032-9122

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

Name of Employer Occupation  
KLIPSCH & ASSOCIATES CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5319**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. CLARE L. MORRISON**

Mailing Address 8155 NORTH ILLINOIS STREET

City State Zip Code  
INDIANAPOLIS IN 46260-2940

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

Name of Employer Occupation  
FULCRUM CONSULTING CONSULTING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5337**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

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

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

5500.00

**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 112
	<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**

Full Name (Last, First, Middle Initial) <b>JENNIFER PING</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address 7964 MEADOW BEND CIRCLE		<b>Transaction ID : SA11.5322</b>
City INDIANAPOLIS	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BOSE PING GOVERNMENT STRATEGIES LLC	Occupation PRINCIPAL	CONTRIBUTION
Receipt For: 2016 <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>EDWARD PROBST JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address 1920 FRANKLIN ST.		<b>Transaction ID : SA11.5331</b>
City COLUMBUS	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2016 <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>JAMES PURUCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2015
Mailing Address 99 HIGHLAND MANOR CT. S. DR.		<b>Transaction ID : SA11.5330</b>
City INDIANAPOLIS	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WINE & SPIRITS DISTRIBUTORS OF INDIANA	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2016 <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).....	2000.00
<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: PAGE 34 OF 112  
(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)  
**DAVE RICHTER**

Mailing Address 6037 HOLLYTHORN PL.

City State Zip Code  
CARMEL IN 46033-8370

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

Name of Employer Occupation  
UNITED CONSULTING PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5316**

Amount of Each Receipt this Period  
 1200.00  
 CONTRIBUTION

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

Mailing Address 6319 CHERBOURG DR.

City State Zip Code  
INDIANAPOLIS IN 46220-6008

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

Name of Employer Occupation  
KERAMIDA EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5334**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 10919 RIDGE CT.

City State Zip Code  
INDIANAPOLIS IN 46256-9649

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

Name of Employer Occupation  
ANGIE'S LIST EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5335**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3200.00

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

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

FOR LINE NUMBER: PAGE 35 OF 112  
(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)  
**COL. JAMES R. SWEENEY II**

Mailing Address **11 S MERIDIAN ST**

City **INDIANAPOLIS** State **IN** Zip Code **46204-3506**

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

Name of Employer **BARNES & THORNBURG** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5336**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

Mailing Address **2832 W. OLD FRANKLIN RD.**

City **SHELBYVILLE** State **IN** Zip Code **46176-9006**

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

Name of Employer **ROBERTA'S, INC.** Occupation **PRESIDENT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5305**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

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

Mailing Address **9696 MILL RIDGE LANE**

City **GREAT FALLS** State **VA** Zip Code **22066-2300**

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

Name of Employer **W STRATEGIES** Occupation **CONSULTANT**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5347**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**3500.00**

**107700.00**

**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 112
	<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)  
**FLORIDA CONGRESSIONAL COMMITTEE**

Mailing Address 6100 HOLLYWOOD BLVD  
SUITE 305

City HOLLYWOOD State FL Zip Code 33024-7981

FEC ID number of contributing federal political committee. **C** C00127811

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015

**Transaction ID : SA11.5181**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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).....

1000.00

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 37 OF 112
	<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)  
**CONSERVATIVE VICTORY FUND**

Mailing Address 801 NORTH PITT STREET  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314-1783

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
344.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2015

**Transaction ID : SA11.5281**

Amount of Each Receipt this Period  
344.45

CONTRIBUTION

CREATING EVENT INVITATIONS

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

Mailing Address 1919 M STREET NW  
5TH FLOOR

City WASHINGTON State DC Zip Code 20036-3572

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : SA11.5247**

Amount of Each Receipt this Period  
-1000.00

CONTRIBUTION

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

Mailing Address 20533 BISCAYNE BLVD  
#250

City MIAMI State FL Zip Code 33180-1529

FEC ID number of contributing federal political committee. **C C00492579**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2015

**Transaction ID : SA11.5173**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

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

-355.55

**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 112
	<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)  
**DELOITTE FEDERAL PAC**

Mailing Address **PO BOX 365**

City **WASHINGTON** State **DC** Zip Code **20044-0365**

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2015**

**Transaction ID : SA11.5177**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

Mailing Address **1201 15TH STREET NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20005-2899**

FEC ID number of contributing federal political committee. **C C90014036**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : SA11.5193**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

City **WASHINGTON** State **DC** Zip Code **20004-2601**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : SA11.5197**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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: PAGE 39 OF 112  
(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)  
**ERNST & YOUNG PAC**

Mailing Address 1101 NEW YORK AVE. NW

City WASHINGTON State DC Zip Code 20005-4269

FEC ID number of contributing federal political committee. **C C00227744**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5203**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

Mailing Address 1299 PENNSYLVANIA AVE NW SUITE 900

City WASHINGTON State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5199**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

Mailing Address 600 14TH ST. NW, STE. 800

City WASHINGTON State DC Zip Code 20005-2099

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5195**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

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

9000.00

**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 112
	<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)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM**

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202-3706

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5198**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 1585 BROADWAY FL 9

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5201**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 4300 WILSON BLVD  
SUITE 400

City ARLINGTON State VA Zip Code 22203-4168

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5192**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

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

8000.00

**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 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROCK TENN PAC**

Mailing Address **504 THRASHER STREET**

City **NORCROSS** State **GA** Zip Code **30071-1967**

FEC ID number of contributing federal political committee. **C C00117424**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : SA11.5205**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROLLS-ROYCE NORTH AMERICA HOLDINGS INC. PAC (ROLLS-ROYCE NOR**

Mailing Address **1875 EXPLORER STREET, SUITE 200**

City **RESTON** State **VA** Zip Code **20190-6022**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : SA11.5196**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SMITHFIELD FOODS INC PAC**

Mailing Address **2001 K STREET, NW  
SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20006-1040**

FEC ID number of contributing federal political committee. **C C00359075**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 06 / 2015**

**Transaction ID : SA11.5211**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 42 OF 112
	<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 BOEING COMPANY PAC**

Mailing Address 1200 WILSON BLVD.

City ARLINGTON State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5202**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE CHARLES SCHWAB CORPORATION PAC**

Mailing Address 325 7TH STREET NW, SUITE 200

City WASHINGTON State DC Zip Code 20004-2827

FEC ID number of contributing federal political committee. **C** C00370114

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2015

**Transaction ID : SA11.5210**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUPPORTING CONSERVATIVES OF TODAY & TOMORROW PAC**

Mailing Address PO BOX 905

City NEWTON State NJ Zip Code 07860-0905

FEC ID number of contributing federal political committee. **C** C00453324

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11.5226**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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

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(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. RAATZ FOR INDIANA STATE SENATE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 372  
 City State Zip Code  
 CENTERVILLE IN 47330-0372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.5242**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B. AMERICAN SOYBEAN ASSOCIATION PAC (SOYPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12125 WOODCREST EXECUTIVE DRIVE SUITE 100  
 City State Zip Code  
 ST LOUIS MO 63141-5009  
 FEC ID number of contributing federal political committee. **C** C00408468  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.5235**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. AXA EQUITABLE LIFE INSURANCE CO PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 AVENUE OF THE AMERICAS  
 City State Zip Code  
 NEW YORK NY 10104-0101  
 FEC ID number of contributing federal political committee. **C** C00161901  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015  
**Transaction ID : SA11.5241**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

3700.00

**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 112
<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. CUMMINS INC. POLITICAL ACTION COMMITTEE (CIPAC)**

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

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

City WASHINGTON State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : SA11.5234**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B. DEPOSITORY TRUST & CLEARING CORP. PAC**

Full Name (Last, First, Middle Initial)  
DEPOSITORY TRUST & CLEARING CORP. PAC

Mailing Address 228 S. WASHINGTON ST.  
SUITE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C C00497917**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : SA11.5238**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

**Transaction ID : SA11.5233**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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 45 OF 112
	<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. MORTGAGE BANKERS ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)  
MORTGAGE BANKERS ASSOCIATION PAC

Mailing Address 1919 M STREET NW  
5TH FLOOR

City WASHINGTON State DC Zip Code 20036-3572

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11.5240**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. TIAA-CREF PAC**

Full Name (Last, First, Middle Initial)  
TIAA-CREF PAC

Mailing Address 601 THIRTEENTH STREET NW  
SUITE 700

City WASHINGTON State DC Zip Code 20005-3807

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11.5239**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. UNITED TECHNOLOGIES**

Full Name (Last, First, Middle Initial)  
UNITED TECHNOLOGIES

Mailing Address 1101 PENNSYLVANIA AVE, NW  
10TH FLOOR

City WASHINGTON State DC Zip Code 20004-2566

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2015

**Transaction ID : SA11.5246**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 46 OF 112
	<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)  
**ALLIANZ OF AMERICA PAC**

Mailing Address 1101 CONNECTICUT AVE., NW  
SUITE 950

City WASHINGTON State DC Zip Code 20036-4377

FEC ID number of contributing federal political committee. **C** C00095109

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5259**

Amount of Each Receipt this Period  
 700.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1505 PRINCE STREET  
SUITE 300

City ALEXANDRIA State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5257**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** 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 47006-7520

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5254**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2700.00

**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 112
	<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 POL**

Mailing Address 2901 TELESTAR CT.

City Falls Church State VA Zip Code 22042-1260

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5258**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL MULTIFAMILY HOUSING COUNCIL PAC**

Mailing Address 1850 M STREET, NW SUITE 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5262**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

Mailing Address 4121 WILSON BLVD. 10TH FLOOR

City Arlington State VA Zip Code 22203-1839

FEC ID number of contributing federal political committee. **C** C00383356

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5253**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**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 48 OF 112
	<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)  
**NEXTERA ENERGY PAC**

Mailing Address 700 UNIVERSE BLVD

City State Zip Code  
JUNO BEACH FL 33408-2657

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5261**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TIAA-CREF PAC**

Mailing Address 601 THIRTEENTH STREET NW  
SUITE 700

City State Zip Code  
WASHINGTON DC 20005-3807

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2015

**Transaction ID : SA11.5260**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203-1867

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.5272**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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: PAGE 49 OF 112  
(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)  
**AMERICAN GAMING ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 1175

City State Zip Code  
WASHINGTON DC 20004-2426

FEC ID number of contributing federal political committee. **C C00309146**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.5269**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**AMERICAN PETROLEUM INSTITUTE PAC**

Mailing Address 1220 L STREET, NW

City State Zip Code  
WASHINGTON DC 20005-4018

FEC ID number of contributing federal political committee. **C C00483677**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.5278**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
CHARLOTTE NC 28202-4200

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2015

**Transaction ID : SA11.5271**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

4500.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 112  
(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)  
**INSURED RETIREMENT INSTITUTE INC. PAC**

Mailing Address 1101 NEW YORK AVE NW  
#825

City WASHINGTON State DC Zip Code 20005-4359

FEC ID number of contributing federal political committee. **C C00490474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : SA11.5274**

Amount of Each Receipt this Period  
CONTRIBUTION  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMI**

Mailing Address 1101 KING STREET  
SUITE 600

City ALEXANDRIA State VA Zip Code 22314-2965

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : SA11.5270**

Amount of Each Receipt this Period  
CONTRIBUTION  
2500.00

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

Mailing Address 39 OLD RIDGEBURY ROAD  
PO BOX 2958

City DANBURY State CT Zip Code 06813-2958

FEC ID number of contributing federal political committee. **C C00283440**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

**Transaction ID : SA11.5279**

Amount of Each Receipt this Period  
CONTRIBUTION  
1000.00

**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 51 OF 112
	<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)  
**INGERSOLL RAND COMPANY PAC**

Mailing Address P.O. BOX 75000  
MC 2250

City State Zip Code  
DETROIT MI 48275-0001

FEC ID number of contributing federal political committee. **C C00492314**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : SA11.5296**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 2800 RIVER ROAD

City State Zip Code  
DES PLAINES IL 60018-6001

FEC ID number of contributing federal political committee. **C C00303032**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : SA11.5294**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 3601 VINCENNES ROAD  
P.O. BOX 68700

City State Zip Code  
INDIANAPOLIS IN 46268-1154

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2015

**Transaction ID : SA11.5291**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

8500.00

**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 52 OF 112
	<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. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

Full Name (Last, First, Middle Initial)  
Mailing Address 1301 K STREET, NW  
SUITE 800W

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5290**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B. SIFMA-PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 NEW YORK AVE. NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005-4279

FEC ID number of contributing federal political committee. **C C00431312**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5293**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. TIAA-CREF PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 601 THIRTEENTH STREET NW  
SUITE 700

City WASHINGTON State DC Zip Code 20005-3807

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5292**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4000.00

**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 53 OF 112
	<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)  
**VISA INC. PAC**

Mailing Address 325 7TH STREET, NW  
SUITE 800

City State Zip Code  
WASHINGTON DC 20004-2801

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2015

**Transaction ID : SA11.5297**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN WEINGARDT FOR CITY COUNCIL**

Mailing Address 9449 PRIORITY WAY WEST DR

City State Zip Code  
INDIANAPOLIS IN 46240-6425

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5342**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1 N. WAUKEGAN ROAD

City State Zip Code  
NORTH CHICAGO IL 60064-1802

FEC ID number of contributing federal political committee. **C** C00536573

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5309**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**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: PAGE 54 OF 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

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

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203-1867

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 30 2015**

**Transaction ID : SA11.5362**

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

Full Name (Last, First, Middle Initial)  
**B. AGSH&F CIVIL ACTION COMMITTEE**

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City State Zip Code  
WASHINGTON DC 20036-1500

FEC ID number of contributing federal political committee. **C C00104901**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 30 2015**

**Transaction ID : SA11.5344**

Amount of Each Receipt this Period  
**750.00**  
 CONTRIBUTION

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

Mailing Address 220 LEIGH FARM RD

City State Zip Code  
DURHAM NC 27707-8110

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 30 2015**

**Transaction ID : SA11.5370**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

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

**3750.00**

**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 55 OF 112
	<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. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

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 20036-3971

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5361**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. AMERICAN COUNCIL OF LIFE INSURERS PAC**

Full Name (Last, First, Middle Initial)  
AMERICAN COUNCIL OF LIFE INSURERS PAC

Mailing Address 101 CONSTITUTION AVE., NW  
SUITE 700

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5372**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**C. AVMA PAC**

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

Mailing Address 1910 SUNDERLAND PLACE NW

City WASHINGTON State DC Zip Code 20036-1608

FEC ID number of contributing federal political committee. **C** C00372094

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5338**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 56 OF 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHEVRON EMPLOYEES PAC**

Mailing Address 6101 BOLLINGER CANYON ROAD  
ROOM 3418

City State Zip Code  
SAN RAMON CA 94583-

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5375**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHICAGO BOARD OPTIONS EXCHANGE PAC**

Mailing Address 400 S. LASALLE ST.

City State Zip Code  
CHICAGO IL 60605-7001

FEC ID number of contributing federal political committee. **C C00100693**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5364**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CITIGROUP INC. PAC - FEDERAL**

Mailing Address 1101 PENNSYLVANIA AVE. NW  
SUITE 1000

City State Zip Code  
WASHINGTON DC 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5368**

Amount of Each Receipt this Period  
 3000.00  
 CONTRIBUTION

**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: PAGE 57 OF 112  
(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)  
**CME GROUP INC. PAC**

Mailing Address **20 SOUTH WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60606-**

FEC ID number of contributing federal political committee. **C C00076299**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5373**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HALL RENDER KILLIAN HEATH & LYMAN EMPLOYEE POLITICAL ACTION**

Mailing Address **ONE AMERICAN SQUARE SUITE 2000**

City **INDIANAPOLIS** State **IN** Zip Code **46282-0004**

FEC ID number of contributing federal political committee. **C C00552083**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5310**

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

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

Mailing Address **10200 BELLAIRE BLVD**

City **HOUSTON** State **TX** Zip Code **77072-5206**

FEC ID number of contributing federal political committee. **C C00035691**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5340**

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

**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 58 OF 112
	<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 20001-2133

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5329**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 444 NORTH CAPITOL ST NW  
SUITE 830

City WASHINGTON State DC Zip Code 20001-1569

FEC ID number of contributing federal political committee. **C C00463539**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5348**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLI**

Mailing Address 20 F STREET NW  
SUITE 610

City WASHINGTON State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5326**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

6000.00

**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 59 OF 112
	<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)  
**IPAA WILDCATTERS FUND**

Mailing Address 1201 15TH STREET, NW STE. 300

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5357**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JPMORGAN CHASE & CO. PAC**

Mailing Address 601 PENNSYLVANIA AVE. NW  
7THFLOOR

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00104299**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5369**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address PO BOX 18254

City WASHINGTON State DC Zip Code 20036-8254

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5371**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**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 60 OF 112
	<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)  
**LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1300 SOUTH CLINTON STREET

City State Zip Code  
FORT WAYNE IN 46802-3506

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5360**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MCDONALD'S PAC**

Mailing Address 2111 MCDONALD'S DR.

City State Zip Code  
OAK BROOK IL 60523-5500

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5367**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 601 PENNSYLVANIA AVE., NW  
NORTH BUILDING, SUITE 1200

City State Zip Code  
WASHINGTON DC 20004-

FEC ID number of contributing federal political committee. **C C00097485**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

**Transaction ID : SA11.5377**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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 61 OF 112
	<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 CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMI**

Mailing Address 1301 PENNSYLVANIA AVE NW  
SUITE 300

City WASHINGTON State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5327**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL OCEAN INDUSTRIES ASSOCIATION**

Mailing Address 1120 G STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20005-3801

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5350**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL READY MIXED CONCRETE ASSOCIATION PAC**

Mailing Address 900 SPRING ST.

City SILVER SPRING State MD Zip Code 20910-4017

FEC ID number of contributing federal political committee. **C C00114025**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5366**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6500.00

**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 62 OF 112
	<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)  
**NAVIENT PAC**

Mailing Address 2001 EDMUND HALLEY DR.  
V224A

City RESTON State VA Zip Code 20191-3436

FEC ID number of contributing federal political committee. **C C00331835**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5349**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**OCCIDENTAL PETROLEUM CORPORATION PAC**

Mailing Address 1717 PENNSYLVANIA AVE NW  
SUITE 400

City WASHINGTON State DC Zip Code 20006-

FEC ID number of contributing federal political committee. **C C00083857**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5376**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ONLINE LENDERS ALLIANCE PAC**

Mailing Address PO BOX 15480  
SE STATION

City WASHINGTON State DC Zip Code 20003-

FEC ID number of contributing federal political committee. **C C00427781**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11.5374**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**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: PAGE 63 OF 112  
(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)  
**PNC PAC**

Mailing Address **249 FIFTH AVE.**

City **PITTSBURGH** State **PA** Zip Code **15222-2707**

FEC ID number of contributing federal political committee. **C C00035519**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5339**

Amount of Each Receipt this Period  
**2000.00**  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PRICewaterhouseCOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address **1301 K STREET, NW SUITE 800W**

City **WASHINGTON** State **DC** Zip Code **20005-3317**

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5358**

Amount of Each Receipt this Period  
**3000.00**  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL**

Mailing Address **8700 WEST BRYN MAWR SUITE 1200S**

City **CHICAGO** State **IL** Zip Code **60631-3512**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5311**

Amount of Each Receipt this Period  
**2500.00**  
CONTRIBUTION

**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 64 OF 112
	<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)  
**RED GOLD INC PAC**

Mailing Address **P.O. BOX 83**

City **ELWOOD** State **IN** Zip Code **46036-0083**

FEC ID number of contributing federal political committee. **C C00390112**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5328**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**500.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SANOVI US SERVICES INC EMPLOYEE'S PAC**

Mailing Address **55 CORPORATE DRIVE**

City **BRIDGEWATER** State **NJ** Zip Code **08807-1265**

FEC ID number of contributing federal political committee. **C C00144345**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5345**

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

CONTRIBUTION

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

Mailing Address **6405 METCALF AVENUE, SUITE 503**

City **SHAWNEE MISSION** State **KS** Zip Code **66202-4084**

FEC ID number of contributing federal political committee. **C C00330118**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5356**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2500.00**

CONTRIBUTION

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

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

\_\_\_\_\_

\_\_\_\_\_

**4000.00**

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

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

FOR LINE NUMBER: PAGE 65 OF 112  
(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)  
**THE GLAXOSMITHKLINE PAC**

Mailing Address **FIVE MOORE DRIVE**  
**PO BOX 13358**

City **RES. TRIANGLE PARK** State **NC** Zip Code **27709-0143**

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5346**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1155 F STREET, NW**  
**SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004-1346**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5359**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TIAA-CREF PAC**

Mailing Address **601 THIRTEENTH STREET NW**  
**SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5332**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**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 66 OF 112
	<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)  
**TIAA-CREF PAC**

Mailing Address **601 THIRTEENTH STREET NW  
SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005-3807**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **10000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 30 / 2015**

**Transaction ID : SA11.5333**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **5000.00**

CONTRIBUTION

**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

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

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

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

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

\_\_\_\_\_ **5000.00**

\_\_\_\_\_ **139044.45**

**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 112			
	<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. DALE BUWALDA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>8539 BROADWAY ST.</b>		Amount of Each Disbursement this Period <b>653.00</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	
Zip Code <b>46240</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I2963</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. KYLE PIERCE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>14172 JASMINE COURT</b>		Amount of Each Disbursement this Period <b>107.13</b>
City <b>FISHERS</b>	State <b>IN</b>	
Zip Code <b>46038</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I2964</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. TRACY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>3301 N. LINCOLN HILL RD.</b>		Amount of Each Disbursement this Period <b>215.83</b>
City <b>MARTINSVILLE</b>	State <b>IN</b>	
Zip Code <b>46151-6349</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I2965</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).....	<b>975.96</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 68 OF 112			
	<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. JOSH TAULBEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>804 E DUNN AVE.</b>		Amount of Each Disbursement this Period <b>107.07</b>
City <b>MUNCIE</b>	State <b>IN</b>	
Zip Code <b>47303</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I2966</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. JOHN WILSON</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>7138 E. TANGLEWOOD RD-92</b>		Amount of Each Disbursement this Period <b>430.80</b>
City <b>ROANOKE</b>	State <b>IN</b>	
Zip Code <b>46783</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I2967</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. AARON T. YORK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2015</b>
Mailing Address <b>1322 N. GIBSON AVE.</b>		Amount of Each Disbursement this Period <b>220.32</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	
Zip Code <b>46219</b>	Purpose of Disbursement <b>PAYROLL</b>	<b>Transaction ID : SB17.I2968</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).....	<b>758.19</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 69 OF 112			
	<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 04 / 01 / 2015
Mailing Address 9405 DELEGATES ROW		Amount of Each Disbursement this Period 467.59
City INDIANAPOLIS	State IN Zip Code 46240-3805	
Purpose of Disbursement PAYROLL TAXES	Category/Type	<b>Transaction ID : SB17.I2969</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. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 9405 DELEGATES ROW		Amount of Each Disbursement this Period 73.18
City INDIANAPOLIS	State IN Zip Code 46240-3805	
Purpose of Disbursement PAYROLL PROCESSING FEES	Category/Type	<b>Transaction ID : SB17.I2970</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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 46.81
City TYSONS CORNER	State VA Zip Code 22812	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	<b>Transaction ID : SB17.I2971</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).....	587.58
<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 112			
	<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. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MONTHLY SUBSCRIPTION FEE	Category/Type	<b>Transaction ID : SB17.I2972</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 04 / 07 / 2015
Mailing Address CIRCLE CITY STATION		Amount of Each Disbursement this Period 2.38
City INDIANAPOLIS	State IN Zip Code 46202	
Purpose of Disbursement POSTAGE	Category/Type	<b>Transaction ID : SB17.I2961</b>
Candidate Name		
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. CONSERVATIVE VICTORY FUND</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address 801 NORTH PITT STREET SUITE 115		Amount of Each Disbursement this Period 344.45
City ALEXANDRIA	State VA Zip Code 22314-1783	
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/Type	<b>Transaction ID : SB17.5281</b>
Candidate Name		
Office Sought: <input 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)	CREATING EVENT INVITATIONS
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1144.83
<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 112			
	<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. HANCOCK COUNTY GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2015
Mailing Address P.O. BOX 502		Amount of Each Disbursement this Period 365.00 <b>Transaction ID : SB17.I2975</b>
City GREENFIELD	State IN	
Zip Code 46140-0502	Purpose of Disbursement LINCOLN DAY DINNER TICKETS	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. HALLOWELL CONSULTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 342 EAST ARCH STREET		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.I2980</b>
City INDIANAPOLIS	State IN	
Zip Code 46202-3354	Purpose of Disbursement CONSULTING 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. MERIDIAN HEALTH SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 240 N. TILLOTSON AVE.		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.I2979</b>
City MUNCIE	State IN	
Zip Code 47304	Purpose of Disbursement EVENT TICKETS	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).....	3215.00
<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 72 OF 112	
	<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. MIDWEST COMMUNICATIONS GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address P.O. BOX 441		Amount of Each Disbursement this Period 2166.39
City FRANKLIN	State IN	
Zip Code 46131-0441	Purpose of Disbursement DIRECT MAIL LETTER & STICKERS	Transaction ID : SB17.I2978
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. THE CANNON GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 1500.00
City WASHINGTON	State DC	
Zip Code 20005-3317	Purpose of Disbursement FUNDRAISING CONSULTANT	Transaction ID : SB17.I2976
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. THE CANNON GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 6473.69
City WASHINGTON	State DC	
Zip Code 20005-3317	Purpose of Disbursement FUNDRAISING EVENT EXPENSES	Transaction ID : SB17.I2977
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).....	10140.08
<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 73 OF 112			
	<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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 24.75
City TYSONS CORNER	State VA Zip Code 22812	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	<b>Transaction ID : SB17.I2973</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. SHELBY COUNTY GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 110 ST. MARY ST.		Amount of Each Disbursement this Period 400.00
City SHELBYVILLE	State IN Zip Code 46176-1142	
Purpose of Disbursement LINCOLN DAY DINNER TICKETS	Category/Type	<b>Transaction ID : SB17.I2982</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. DOYLE BARTLETT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 609 OAKLEY PL		Amount of Each Disbursement this Period 300.00
City ALEXANDRIA	State VA Zip Code 22302-3611	
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/Type	<b>Transaction ID : SB17.5282</b>
Candidate Name		
Office Sought: <input 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)	EVENT RENTAL FEE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	724.75
<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 74 OF 112			
	<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. DALE BUWALDA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 8539 BROADWAY ST.		Amount of Each Disbursement this Period 652.99
City INDIANAPOLIS	State IN	
Zip Code 46240	Purpose of Disbursement PAYROLL	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. KYLE PIERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 14172 JASMINE COURT		Amount of Each Disbursement this Period 107.14
City FISHERS	State IN	
Zip Code 46038	Purpose of Disbursement PAYROLL	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. TRACY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 3301 N. LINCOLN HILL RD.		Amount of Each Disbursement this Period 215.82
City MARTINSVILLE	State IN	
Zip Code 46151-6349	Purpose of Disbursement PAYROLL	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).....	975.95
<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 112			
	<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. JOSH TAULBEE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015	
Mailing Address 804 E DUNN AVE.			Amount of Each Disbursement this Period 107.08	
City MUNCIE	State IN	Zip Code 47303	Transaction ID : SB17.I2987	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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. JOHN WILSON</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015	
Mailing Address 7138 E. TANGLEWOOD RD-92			Amount of Each Disbursement this Period 430.80	
City ROANOKE	State IN	Zip Code 46783	Transaction ID : SB17.I2988	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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. AARON T. YORK</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015	
Mailing Address 1322 N. GIBSON AVE.			Amount of Each Disbursement this Period 220.31	
City INDIANAPOLIS	State IN	Zip Code 46219	Transaction ID : SB17.I2989	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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).....	758.19
<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 112			
	<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. DEARBORN COUNTY REPUBLICAN PARTY</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2015</b>
Mailing Address <b>5214 WILMINGTON PIKE</b>			Amount of Each Disbursement this Period <b>370.00</b> Transaction ID : <b>SB17.I2994</b>
City <b>AURORA</b>	State <b>IN</b>	Zip Code <b>47001</b>	
Purpose of Disbursement <b>LINCOLN DAY DINNER TICKETS</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. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>			Amount of Each Disbursement this Period <b>424.39</b> Transaction ID : <b>SB17.I2990</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46240-3805</b>	
Purpose of Disbursement <b>PAYROLL TAXES</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. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>			Amount of Each Disbursement this Period <b>82.18</b> Transaction ID : <b>SB17.I2991</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46240-3805</b>	
Purpose of Disbursement <b>PAYROLL PROCESSING FEES</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).....	<b>876.57</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 77 OF 112	
	<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. WAYNE COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2015
Mailing Address 4899 N. STATE ROAD 1		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.I2992</b>
City HAGERSTOWN	State IN	
Zip Code 47346	Purpose of Disbursement LINCOLN DAY DINNER TICKETS	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. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.I2996</b>
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement MONTHLY EMAIL 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. BRABENDERCox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 1218 GRANDVIEW AVE		Amount of Each Disbursement this Period 825.00 <b>Transaction ID : SB17.I2998</b>
City PITTSBURGH	State PA	
Zip Code 15211-1239	Purpose of Disbursement WEBSITE UPDATES	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).....	1224.00
<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 78 OF 112			
	<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 04 / 23 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 13135.00 <b>Transaction ID : SB17.I2999</b>
City WASHINGTON State DC Zip Code 20005-3317	Purpose of Disbursement FINANCE CONSULTING	
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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 24.75 <b>Transaction ID : SB17.I2997</b>
City TYSONS CORNER State VA Zip Code 22812	Purpose of Disbursement CREDIT CARD PROCESSING FEES	
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. SHELBY COUNTY GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 110 ST. MARY ST.		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : SB17.I3000</b>
City SHELBYVILLE State IN Zip Code 46176-1142	Purpose of Disbursement LINCOLN DAY DINNER TICKETS	
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).....	13609.75
<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 79 OF 112			
	<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. DALE BUWALDA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 8539 BROADWAY ST.		Amount of Each Disbursement this Period 653.00
City INDIANAPOLIS	State IN Zip Code 46240	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3001</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. KYLE PIERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 14172 JASMINE COURT		Amount of Each Disbursement this Period 107.14
City FISHERS	State IN Zip Code 46038	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3002</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. TRACY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 3301 N. LINCOLN HILL RD.		Amount of Each Disbursement this Period 215.83
City MARTINSVILLE	State IN Zip Code 46151-6349	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3003</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).....	975.97
<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 112			
	<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. JOSH TAULBEE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 804 E DUNN AVE.		Amount of Each Disbursement this Period 107.08
City MUNCIE	State IN	
Zip Code 47303	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I3004
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. JOHN WILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 7138 E. TANGLEWOOD RD-92		Amount of Each Disbursement this Period 430.80
City ROANOKE	State IN	
Zip Code 46783	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I3005
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. AARON T. YORK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2015
Mailing Address 1322 N. GIBSON AVE.		Amount of Each Disbursement this Period 220.32
City INDIANAPOLIS	State IN	
Zip Code 46219	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I3006
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).....	758.20
<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 112			
	<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 <b>04 / 30 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>		Amount of Each Disbursement this Period <b>467.57</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46240-3805</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	
Candidate Name		<b>Transaction ID : SB17.I3007</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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>		Amount of Each Disbursement this Period <b>73.18</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46240-3805</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEES</b>	
Candidate Name		<b>Transaction ID : SB17.I3008</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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2015</b>
Mailing Address <b>300 1ST ST SE</b>		Amount of Each Disbursement this Period <b>325.80</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003-1801</b>	Purpose of Disbursement <b>MEALS EXPENSE</b>	
Candidate Name		<b>Transaction ID : SB17.I3015</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:	Category/Type	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>540.75</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 82 OF 112			
	<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. FACEBOOK INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 1601 S CALIFORNIA AVE		Amount of Each Disbursement this Period 948.81
City PALO ALTO	State CA	
Zip Code 94304	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.I3010 <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. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 110 N. HARRISON ST.		Amount of Each Disbursement this Period 948.81
City SHELBYVILLE	State IN	
Zip Code 46176-1310	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : SB17.I3009
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. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 110 N. HARRISON ST.		Amount of Each Disbursement this Period 5.00
City SHELBYVILLE	State IN	
Zip Code 46176-1310	Purpose of Disbursement CREDIT CARD FEES	Transaction ID : SB17.I3011 <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).....	948.81
<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 112	
	<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 05 / 01 / 2015
Mailing Address 201 EAST JEFFERSON STREET		Amount of Each Disbursement this Period 338.20
City PHOENIX	State AZ	
Zip Code 85004	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I3012
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. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 140 WEST ST		Amount of Each Disbursement this Period 50.08
City NEW YORK	State NY	
Zip Code 10007-2141	Purpose of Disbursement CELL PHONE EXPENSE	Transaction ID : SB17.I3017
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. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement MONTHLY SUBSCRIPTION EXPENSE	Transaction ID : SB17.I3019
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).....	848.00
<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 112			
	<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. EPOTTINGSHED.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2015
Mailing Address 2250 MONUMENT CIRCLE		Amount of Each Disbursement this Period 173.34
City INDIANAPOLIS	State IN Zip Code 46204	
Purpose of Disbursement FLOWER EXPENSE	Category/Type	Transaction ID : SB17.I3028
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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 5.15
City TYSONS CORNER	State VA Zip Code 22812	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	Transaction ID : SB17.I3020
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. FACEBOOK INC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 1601 S CALIFORNIA AVE		Amount of Each Disbursement this Period 192.18
City PALO ALTO	State CA Zip Code 94304	
Purpose of Disbursement ADVERTISING	Category/Type	Transaction ID : SB17.I3025
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).....	5.15
<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 112			
	<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. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 110 N. HARRISON ST.		Amount of Each Disbursement this Period 782.68
City SHELBYVILLE	State IN	
Zip Code 46176-1310	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : SB17.I3024
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 05 / 08 / 2015
Mailing Address 342 EAST ARCH STREET		Amount of Each Disbursement this Period 2500.00
City INDIANAPOLIS	State IN	
Zip Code 46202-3354	Purpose of Disbursement CONSULTING EXPENSE	Transaction ID : SB17.I3023
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. SCOTTY'S BREWHOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2015
Mailing Address 1 VIRGINIA AVE.		Amount of Each Disbursement this Period 185.32
City INDIANAPOLIS	State IN	
Zip Code 46204-3644	Purpose of Disbursement MEALS EXPENSE	Transaction ID : SB17.I3031
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).....	3282.68
<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 112			
	<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 05 / 08 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 1500.00
City WASHINGTON State DC Zip Code 20005-3317	Purpose of Disbursement FINANCE CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I3021
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 05 / 08 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 5376.64
City WASHINGTON State DC Zip Code 20005-3317	Purpose of Disbursement FUNDRAISING EVENT EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I3022
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 05 / 08 / 2015
Mailing Address CIRCLE CITY STATION		Amount of Each Disbursement this Period 49.00
City INDIANAPOLIS State IN Zip Code 46202	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I3032 <b>[MEMO ITEM]</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).....	6876.64
<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 87 OF 112			
	<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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 73.75
City TYSONS CORNER	State VA Zip Code 22812	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	<b>Transaction ID : SB17.I3034</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. DALE BUWALDA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 8539 BROADWAY ST.		Amount of Each Disbursement this Period 652.99
City INDIANAPOLIS	State IN Zip Code 46240	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3035</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. KYLE PIERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 14172 JASMINE COURT		Amount of Each Disbursement this Period 107.14
City FISHERS	State IN Zip Code 46038	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3036</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).....	833.88
<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 112			
	<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 05 / 15 / 2015
Mailing Address 3301 N. LINCOLN HILL RD.		Amount of Each Disbursement this Period 215.82 <b>Transaction ID : SB17.I3037</b>
City MARTINSVILLE	State IN	
Zip Code 46151-6349	Purpose of Disbursement PAYROLL	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. JOSH TAULBEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 804 E DUNN AVE.		Amount of Each Disbursement this Period 107.08 <b>Transaction ID : SB17.I3038</b>
City MUNCIE	State IN	
Zip Code 47303	Purpose of Disbursement PAYROLL	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. JOSH TAULBEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 804 E DUNN AVE.		Amount of Each Disbursement this Period 224.80 <b>Transaction ID : SB17.I3044</b>
City MUNCIE	State IN	
Zip Code 47303	Purpose of Disbursement GAS & SUPPLIES 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	547.80
<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 112			
	<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. JOHN WILSON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 7138 E. TANGLEWOOD RD-92			Amount of Each Disbursement this Period 430.80 <b>Transaction ID : SB17.I3039</b>
City ROANOKE	State IN	Zip Code 46783	
Purpose of Disbursement PAYROLL		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. AARON T. YORK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1322 N. GIBSON AVE.			Amount of Each Disbursement this Period 220.31 <b>Transaction ID : SB17.I3040</b>
City INDIANAPOLIS	State IN	Zip Code 46219	
Purpose of Disbursement PAYROLL		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. CMDI</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400			Amount of Each Disbursement this Period 99.00 <b>Transaction ID : SB17.I3043</b>
City TYSONS CORNER	State VA	Zip Code 22182	
Purpose of Disbursement MONTHLY EMAIL 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).....	750.11
<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 112			
	<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 <b>05 / 15 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>		Amount of Each Disbursement this Period <b>467.60</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46240-3805</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	
Candidate Name		<b>Transaction ID : SB17.I3041</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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>		Amount of Each Disbursement this Period <b>76.83</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46240-3805</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEES</b>	
Candidate Name		<b>Transaction ID : SB17.I3042</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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2015</b>
Mailing Address <b>6101 N. KEYSTONE</b>		Amount of Each Disbursement this Period <b>13.87</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46220-2488</b>	Purpose of Disbursement <b>SUPPLIES EXPENSE - PD BY J. TAULBEE</b>	
Candidate Name		<b>Transaction ID : SB17.I3050</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:	Category/Type	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>544.43</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 91 OF 112			
	<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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 12.50
City TYSONS CORNER	State VA Zip Code 22812	
Purpose of Disbursement CREDIT CARD PROCESSING FEES	Category/Type	Transaction ID : SB17.I3055
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. JENNINGS CO GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 309 N STATE ST		Amount of Each Disbursement this Period 300.00
City NORTH VERNON	State IN Zip Code 47265-1454	
Purpose of Disbursement LINCOLN DAY DINNER TICKETS	Category/Type	Transaction ID : SB17.I3056
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. DALE BUWALDA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 8539 BROADWAY ST.		Amount of Each Disbursement this Period 653.00
City INDIANAPOLIS	State IN Zip Code 46240	
Purpose of Disbursement PAYROLL	Category/Type	Transaction ID : SB17.I3059
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).....	965.00
<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 92 OF 112			
	<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. KYLE PIERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 14172 JASMINE COURT		Amount of Each Disbursement this Period 107.13 <b>Transaction ID : SB17.I3060</b>
City FISHERS State IN Zip Code 46038	Purpose of Disbursement PAYROLL	
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 05 / 29 / 2015
Mailing Address 3301 N. LINCOLN HILL RD.		Amount of Each Disbursement this Period 215.83 <b>Transaction ID : SB17.I3061</b>
City MARTINSVILLE State IN Zip Code 46151-6349	Purpose of Disbursement PAYROLL	
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. JOSH TAULBEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 804 E DUNN AVE.		Amount of Each Disbursement this Period 107.07 <b>Transaction ID : SB17.I3062</b>
City MUNCIE State IN Zip Code 47303	Purpose of Disbursement PAYROLL	
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).....	430.03
<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 93 OF 112			
	<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. JOHN WILSON</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015	
Mailing Address 7138 E. TANGLEWOOD RD-92			Amount of Each Disbursement this Period 430.80	
City ROANOKE	State IN	Zip Code 46783	Transaction ID : SB17.I3063	
Purpose of Disbursement PAYROLL		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. AARON T. YORK</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015	
Mailing Address 1322 N. GIBSON AVE.			Amount of Each Disbursement this Period 220.32	
City INDIANAPOLIS	State IN	Zip Code 46219	Transaction ID : SB17.I3064	
Purpose of Disbursement PAYROLL		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. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015	
Mailing Address 9405 DELEGATES ROW			Amount of Each Disbursement this Period 467.59	
City INDIANAPOLIS	State IN	Zip Code 46240-3805	Transaction ID : SB17.I3065	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1118.71
<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 94 OF 112			
	<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 05 / 29 / 2015
Mailing Address 9405 DELEGATES ROW		Amount of Each Disbursement this Period 76.83
City INDIANAPOLIS	State IN Zip Code 46240-3805	
Purpose of Disbursement PAYROLL PROCESSING FEES		Transaction ID : SB17.I3066
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. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2015
Mailing Address 110 N. HARRISON ST.		Amount of Each Disbursement this Period 12.50
City SHELBYVILLE	State IN Zip Code 46176-1310	
Purpose of Disbursement BANK FEE		Transaction ID : SB17.I3068
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. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 1593 SPRING HILL RD SUITE 400		Amount of Each Disbursement this Period 798.00
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement MONTHLY SUBSCRIPTION EXPENSE		Transaction ID : SB17.I3103
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).....	887.33
<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 95 OF 112			
	<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. JOSH TAULBEE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 804 E DUNN AVE.		Amount of Each Disbursement this Period 59.32
City MUNCIE	State IN	
Zip Code 47303	Purpose of Disbursement GAS REIMBURSEMENT	Transaction ID : SB17.I3099
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. ARMY NAVY COUNTRY CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 1700 ARMY NAVY DR.		Amount of Each Disbursement this Period 125.70
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement GOLF OUTING FEES	Transaction ID : SB17.I3098
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. CAMPAIGNS &amp; ELECTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 1901 N. MOORE STREET SUITE 1105		Amount of Each Disbursement this Period 987.00
City ARLINGTON	State VA	
Zip Code 22209	Purpose of Disbursement EVENT TICKETS	Transaction ID : SB17.I3095
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).....	185.02
<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 96 OF 112			
	<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. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 473.61
City WASHINGTON	State DC	
Zip Code 20003-1801	Purpose of Disbursement MEALS EXPENSE	Transaction ID : SB17.I3078 <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. FACEBOOK INC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 1601 S CALIFORNIA AVE		Amount of Each Disbursement this Period 275.19
City PALO ALTO	State CA	
Zip Code 94304	Purpose of Disbursement ADVERTISING	Transaction ID : SB17.I3094 <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>C. FIFTH THIRD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 110 N. HARRISON ST.		Amount of Each Disbursement this Period 5939.11
City SHELBYVILLE	State IN	
Zip Code 46176-1310	Purpose of Disbursement CREDIT CARD: SEE BELOW	Transaction ID : SB17.I3072
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).....	5939.11
<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 97 OF 112			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. FOREST HILLS COUNTRY CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 2169 SOUTH 23RD STREET			Amount of Each Disbursement this Period 598.50
City RICHMOND	State IN	Zip Code 47374	
Purpose of Disbursement GOLF OUTING EXPENSE		Category/ Type	Transaction ID : SB17.I3086  [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: _____		

Full Name (Last, First, Middle Initial) <b>B. HILLCREST GOLF &amp; COUNTRY CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 850 N WALNUT			Amount of Each Disbursement this Period 973.90
City BATESVILLE	State IN	Zip Code 47006	
Purpose of Disbursement GOLF OUTING EXPENSE		Category/ Type	Transaction ID : SB17.I3087  [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: _____		

Full Name (Last, First, Middle Initial) <b>C. HOUSE GIFT SHOP</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address LONGWORTH BUILDING, BASEMENT LEVEL			Amount of Each Disbursement this Period 396.00
City WASHINGTON	State DC	Zip Code 20515-0001	
Purpose of Disbursement GIFT EXPENSE		Category/ Type	Transaction ID : SB17.I3096  [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) .....	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 98 OF 112			
	<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)  
**A. MARATHON**

Mailing Address 2045 NORTH RILEY HIGHWAY

City SHELBYVILLE State IN Zip Code 46176-9465

Purpose of Disbursement  
GAS EXPENSE - PD BY J. TAULBEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2015

Amount of Each Disbursement this Period  
59.32

Transaction ID : SB17.I3100

[MEMO ITEM]

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

Mailing Address 110 N ILLINOIS ST.

City INDIANAPOLIS State IN Zip Code 46204-1914

Purpose of Disbursement  
MEALS EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2015

Amount of Each Disbursement this Period  
197.71

Transaction ID : SB17.I3085

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. SCOTTY'S BREWHOUSE**

Mailing Address 1 VIRGINIA AVE.

City INDIANAPOLIS State IN Zip Code 46204-3644

Purpose of Disbursement  
MEALS EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
06 / 04 / 2015

Amount of Each Disbursement this Period  
19.88

Transaction ID : SB17.I3080

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 112			
	<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. SHERATON INDIANAPOLIS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 31 W OHIO STREET		Amount of Each Disbursement this Period 114.66
City INDIANAPOLIS	State IN Zip Code 46204-1916	
Purpose of Disbursement LODGING EXPENSE	Candidate Name	Transaction ID : SB17.I3075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. THE CANNON GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 1500.00
City WASHINGTON	State DC Zip Code 20005-3317	
Purpose of Disbursement FINANCE CONSULTANT	Candidate Name	Transaction ID : SB17.I3101
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. THE CANNON GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015
Mailing Address 1301 K STREET NW SUITE 1050 E		Amount of Each Disbursement this Period 7238.53
City WASHINGTON	State DC Zip Code 20005-3317	
Purpose of Disbursement FUNDRAISING EVENT EXPENSES	Candidate Name	Transaction ID : SB17.I3102
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).....	8738.53
<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 100 OF 112	
	<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)  
**A. UNITED STATES POSTAL SERVICE**

Mailing Address **CIRCLE CITY STATION**

City **INDIANAPOLIS** State **IN** Zip Code **46202**

Purpose of Disbursement **POSTAGE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **06 / 04 / 2015**

Amount of Each Disbursement this Period: **98.00**

Transaction ID : **SB17.I3097**

**[MEMO ITEM]**

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

Mailing Address **201 EAST JEFFERSON STREET**

City **PHOENIX** State **AZ** Zip Code **85004**

Purpose of Disbursement **BAGGAGE FEE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **06 / 04 / 2015**

Amount of Each Disbursement this Period: **15.00**

Transaction ID : **SB17.I3082**

**[MEMO ITEM]**

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

Mailing Address **140 WEST ST**

City **NEW YORK** State **NY** Zip Code **10007-2141**

Purpose of Disbursement **CELL PHONE EXPENSE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **06 / 04 / 2015**

Amount of Each Disbursement this Period: **50.08**

Transaction ID : **SB17.I3071**

**SUBTOTAL** of Disbursements This Page (optional)..... **50.08**

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 112	
	<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 06 / 04 / 2015
Mailing Address 140 WEST ST		Amount of Each Disbursement this Period 1021.88
City NEW YORK	State NY	
Zip Code 10007-2141	Purpose of Disbursement CELL PHONE EXPENSE	Transaction ID : SB17.I3084
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. WIDGETMAKR</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period 20.25
City TYSONS CORNER	State VA	
Zip Code 22812	Purpose of Disbursement CREDIT CARD PROCESSING FEES	Transaction ID : SB17.I3104
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. COMMITTEE TO REELECT MARY KILGORE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address 3120 WEST COUNTY ROAD 150 NORTH		Amount of Each Disbursement this Period 250.00
City NORTH VERNON	State IN	
Zip Code 47265	Purpose of Disbursement CONTRIBUTION	Transaction ID : SB17.I3105
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).....	270.25
<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 102 OF 112			
	<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. DALE BUWALDA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 8539 BROADWAY ST.		Amount of Each Disbursement this Period 652.99
City INDIANAPOLIS	State IN Zip Code 46240	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3106</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. KYLE PIERCE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 14172 JASMINE COURT		Amount of Each Disbursement this Period 107.14
City FISHERS	State IN Zip Code 46038	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3107</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. TRACY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015
Mailing Address 3301 N. LINCOLN HILL RD.		Amount of Each Disbursement this Period 215.82
City MARTINSVILLE	State IN Zip Code 46151-6349	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I3108</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).....	975.95
<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 103 OF 112			
	<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. JOSH TAULBEE</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015	
Mailing Address 804 E DUNN AVE.			Amount of Each Disbursement this Period 107.08	
City MUNCIE	State IN	Zip Code 47303	Transaction ID : SB17.I3109	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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. JOHN WILSON</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015	
Mailing Address 7138 E. TANGLEWOOD RD-92			Amount of Each Disbursement this Period 430.80	
City ROANOKE	State IN	Zip Code 46783	Transaction ID : SB17.I3110	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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. AARON T. YORK</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2015	
Mailing Address 1322 N. GIBSON AVE.			Amount of Each Disbursement this Period 220.31	
City INDIANAPOLIS	State IN	Zip Code 46219	Transaction ID : SB17.I3111	
Purpose of Disbursement PAYROLL		Category/ Type		
Candidate Name				
Office Sought:	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).....	758.19
<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 104 OF 112			
	<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 <b>06 / 15 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>		Amount of Each Disbursement this Period <b>467.60</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46240-3805</b>	Purpose of Disbursement <b>PAYROLL TAXES</b>	
Candidate Name		<b>Transaction ID : SB17.I3112</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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2015</b>
Mailing Address <b>9405 DELEGATES ROW</b>		Amount of Each Disbursement this Period <b>76.83</b>
City <b>INDIANAPOLIS</b> State <b>IN</b> Zip Code <b>46240-3805</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEES</b>	
Candidate Name		<b>Transaction ID : SB17.I3113</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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2015</b>
Mailing Address <b>1593 SPRING HILL RD SUITE 400</b>		Amount of Each Disbursement this Period <b>99.00</b>
City <b>TYSONS CORNER</b> State <b>VA</b> Zip Code <b>22182</b>	Purpose of Disbursement <b>MONTHLY EMAIL EXPENSE</b>	
Candidate Name		<b>Transaction ID : SB17.I3123</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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>643.43</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 105 OF 112			
	<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 06 / 23 / 2015		
Mailing Address CIRCLE CITY STATION			Amount of Each Disbursement this Period 1.42		
City INDIANAPOLIS	State IN	Zip Code 46202	Transaction ID : SB17.I3131		
Purpose of Disbursement 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>B. WIDGETMAKR</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015		
Mailing Address 1593 SPRING HILL ROAD SUITE 400			Amount of Each Disbursement this Period 128.00		
City TYSONS CORNER	State VA	Zip Code 22812	Transaction ID : SB17.I3127		
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:					

Full Name (Last, First, Middle Initial) <b>C. AMAZON.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015		
Mailing Address 440 TERRY AVE.			Amount of Each Disbursement this Period 40.00		
City SEATTLE	State WA	Zip Code 98109-5210	Transaction ID : SB17.I3130		
Purpose of Disbursement GIFT 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).....	169.42
<b>TOTAL</b> This Period (last page this line number only).....	73034.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 112
	<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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2015
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 95286.00 <b>Transaction ID : SB18.I2983</b>
City WASHINGTON State DC Zip Code 20003-1838	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:		

Full Name (Last, First, Middle Initial) <b>B. INDIANA REPUBLICAN STATE COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 47 S. MERIDIAN ST. STE. 200		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB18.I3053</b>
City INDIANAPOLIS State IN Zip Code 46204-3557	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:		

Full Name (Last, First, Middle Initial) <b>C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 88786.00 <b>Transaction ID : SB18.I3114</b>
City WASHINGTON State DC Zip Code 20003-1838	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).....	95286.00
<b>TOTAL</b> This Period (last page this line number only).....	95286.00

**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 107 OF 112	
	<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)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. COLLINS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2015</b>
Mailing Address <b>4833 T. MARTIN RD.</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>SB21.I3070</b>
City <b>GAINESVILL</b> State <b>GA</b> Zip Code <b>30506</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>DOUGLAS ALLEN COLLINS</b>		Category/ Type
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: <b>GA</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>B. DONOVAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2015</b>
Mailing Address <b>440 LEVERETT AVENUE</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>SB21.I3069</b>
City <b>STATEN ISL</b> State <b>NY</b> Zip Code <b>10308</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>DAN DONOVAN</b>		Category/ Type
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: <b>NY</b> District: <b>11</b>		

Full Name (Last, First, Middle Initial) <b>C. POLIQUIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2015</b>
Mailing Address <b>123 SNOW POND RD</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>SB21.I3018</b>
City <b>OAKLAND</b> State <b>ME</b> Zip Code <b>04963</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>BRUCE L POLIQUIN</b>		Category/ Type
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: <b>ME</b> District: <b>02</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</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 108 OF 112	
	<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)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. MOOLENAAR FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 5915 EASTMAN AVE. SUITE 100		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I3054</b>
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>JOHN MOOLENAAR</b>	Category/Type	
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: MI District: 04		

Full Name (Last, First, Middle Initial) <b>B. KELLY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 438 EAST MAIN STREET		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I3057</b>
City TUPELO State MS Zip Code 38804	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>JOHN TRENT KELLY</b>	Category/Type	
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: MS District: 01		

Full Name (Last, First, Middle Initial) <b>C. BENISHEK FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 815 KING STREET SUITE 308		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I3115</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>DANIEL J BENISHEK</b>	Category/Type	
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: MI District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 109 OF 112	
	<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)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. COMSTOCK FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2015</b>
Mailing Address <b>P.O. BOX 71596</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I3116</b>
City <b>RICHMOND</b>	State <b>VA</b>	
Zip Code <b>23255</b>		Category/ Type
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>BARBARA COMSTOCK</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>VA</b> District: <b>10</b>	

Full Name (Last, First, Middle Initial) <b>B. DENHAM FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2015</b>
Mailing Address <b>941 EAST MONTE VISTA</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I3118</b>
City <b>TURLOCK</b>	State <b>CA</b>	
Zip Code <b>95381</b>		Category/ Type
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>JEFF DENHAM</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CA</b> District: <b>10</b>	

Full Name (Last, First, Middle Initial) <b>C. DONOVAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2015</b>
Mailing Address <b>440 LEVERETT AVENUE</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I3119</b>
City <b>STATEN ISL</b>	State <b>NY</b>	
Zip Code <b>10308</b>		Category/ Type
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>DAN DONOVAN</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NY</b> District: <b>11</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</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 110 OF 112	
	<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)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. ELISE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 1006 PENDLETON STREET		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I3120</b>
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>ELISE STEFANIK</b>	Category/Type	
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: NY District: 21		

Full Name (Last, First, Middle Initial) <b>B. RODNEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address P.O. BOX 344		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I3126</b>
City TAYLORVILLE State IL Zip Code 62568-0344	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>RODNEY DAVIS</b>	Category/Type	
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: IL District: 13		

Full Name (Last, First, Middle Initial) <b>C. RYAN COSTELLO FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address PO BOX 3154		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.I3117</b>
City WEST CHESTER State PA Zip Code 19381	Purpose of Disbursement CONTRIBUTION	
Candidate Name <b>RYAN COSTELLO</b>	Category/Type	
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: PA District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<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 111 OF 112	
	<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)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. STEVE KNIGHT FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2015</b>
Mailing Address <b>41481 39TH STREET W</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I3128</b>
City <b>LANCASTER</b>	State <b>CA</b>	
Zip Code <b>93536</b>		Category/ Type
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>STEVE KNIGHT</b>		Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>CA</b> District: <b>25</b>	

Full Name (Last, First, Middle Initial) <b>B. TOM MACARTHUR FOR CONGRESS INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2015</b>
Mailing Address <b>2 WEST WINDSOR AVE.</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I3122</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22301</b>		Category/ Type
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>TOM MACARTHUR</b>		Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NJ</b> District: <b>03</b>	

Full Name (Last, First, Middle Initial) <b>C. WALBERG FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2015</b>
Mailing Address <b>PO BOX 1362</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I3121</b>
City <b>JACKSON</b>	State <b>MI</b>	
Zip Code <b>49204</b>		Category/ Type
Purpose of Disbursement <b>CONTRIBUTION</b>		
Candidate Name <b>TIMOTHY WALBERG</b>		Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>MI</b> District: <b>07</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</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 112 OF 112	
	<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)  
**Luke Messer for Congress**

Full Name (Last, First, Middle Initial) <b>A. FRENCH HILL FOR ARKANSAS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2015</b>
Mailing Address <b>PO BOX 7841</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>SB21.I3125</b>
City <b>LITTLE ROCK</b> State <b>AR</b> Zip Code <b>77217</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>FRENCH HILL</b>	Category/Type	
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: <b>AR</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. VALADAO FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 23 / 2015</b>
Mailing Address <b>504 VAN NESS</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>SB21.I3124</b>
City <b>FRESNO</b> State <b>CA</b> Zip Code <b>93721</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>DAVID VALADAO</b>	Category/Type	
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: <b>CA</b> District: <b>21</b>		

Full Name (Last, First, Middle Initial) <b>C. MIKE BOST FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2015</b>
Mailing Address <b>PO BOX 1212</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>SB21.I3129</b>
City <b>MURPHYSBORO</b> State <b>IL</b> Zip Code <b>62966</b>	Purpose of Disbursement <b>CONTRIBUTION</b>	
Candidate Name <b>MICHAEL BOST</b>	Category/Type	
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: <b>IL</b> District: <b>12</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>18000.00</b>