

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Bucshon for Congress

ADDRESS (number and street)

PO Box 250

Check if different than previously reported. (ACC)

Newburgh

IN

47629

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00468256

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

IN

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM/DD/YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM/DD/YYYY

in the State of

5. Covering Period

MM/DD/YYYY 04/01/2021

through

MM/DD/YYYY 06/30/2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wright, John, , ,

Signature of Treasurer Wright, John, , ,

[Electronically Filed]

Date

MM/DD/YYYY 07/15/2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Bucshon 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))....	234450.00	341114.50
(b) Total Contribution Refunds (from Line 20(d))	600.00	1100.62
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	233850.00	340013.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	59556.70	137033.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	985.00	985.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	58571.70	136048.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	363097.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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 05/2016)

Write or Type Committee Name

Bucshon for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	92700.00	116950.00
(ii) Unitemized	750.00	1164.50
(iii) TOTAL of contributions from individuals	93450.00	118114.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	141000.00	223000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	234450.00	341114.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	985.00	985.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	235435.00	342099.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	59556.70	137033.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
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	600.00	1100.62
(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)).....	600.00	1100.62
21. OTHER DISBURSEMENTS	61500.00	71000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	121656.70	209133.76

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	249319.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	235435.00
25. SUBTOTAL (add Line 23 and Line 24).....	484754.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121656.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	363097.34

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

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

FOR LINE NUMBER: PAGE 5 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AGHALAR, JAHAN, , DR.,
 Mailing Address 46 OLD POND ROAD
 City State Zip Code
 GREAT NECK NY 11023-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 20 2021
Transaction ID : SA11A.11334
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALAVI, ALI, , ,
 Mailing Address 16054 COLEMAN DRIVE
 City State Zip Code
 WESTFIELD IN 46074-7314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HERITAGE ENVIRONMENTAL SERVICES LLC EXECUTIVE VP-REGULATORY AFFAIRS
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 15 2021
Transaction ID : SA11A.12368
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALSPACH, ROBERT, , MR.,
 Mailing Address 2310 VALLEY DRIVE
 City State Zip Code
 ALEXANDRIA VA 22302-3222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LEAVITT PARTNERS CONSULTANT
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 23 2021
Transaction ID : SA11A.11295
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 6 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AVVENTO, LOUIS, J., DR.,

Mailing Address 104 PARRISH POND COURT EAST

City SOUTHAMPTON State NY Zip Code 11968-3238

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 19 2021

Transaction ID : SA11A.11323

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BEER II, PHILIP, D., MR.,

Mailing Address 5353 CREEK TRAIL COURT

City NOBLESVILLE State IN Zip Code 46062-5301

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

Name of Employer Occupation
USI CONSULTANTS ENGINEER/LAND SURVEYOR

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 15 2021

Transaction ID : SA11A.12366

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BELL, FREDERICK, , MR.,

Mailing Address P.O. BOX 252
6010 S. 500 W

City HUNTINGBURG State IN Zip Code 47542-0252

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

Name of Employer Occupation
PARKE-BELL DBA TOUCH OF CLASS PRESIDENT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 16 2021

Transaction ID : SA11A.12380

Amount of Each Receipt this Period
2900.00

Memo Item
CONTRIBUTION

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

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

5900.00

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

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

FOR LINE NUMBER: PAGE 7 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
BILL, TERESA, , MS.,

Mailing Address 127 SIXTH STREET NORTHEAST

City WASHINGTON State DC Zip Code 20002-6019

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

Name of Employer GILEAD Occupation LOBBYIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11330

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BOWMAN, FELSON, , MR.,

Mailing Address 6755 GRAY ROAD

City INDIANAPOLIS State IN Zip Code 46237-3206

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

Name of Employer BOWMAN FAMILY HOLDING, INC. Occupation CEO

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2021

Transaction ID : SA11A.11355

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BOYD, MICHAEL, D., MR.,

Mailing Address 5153 TILDEN STREET NW

City WASHINGTON State DC Zip Code 20016-1961

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

Name of Employer GILEAD SCIENCES INC. Occupation VP GOVERNMENT AFFAIRS & POLICY

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2021

Transaction ID : SA11A.12353

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 8 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
BRAND, JOHN, W., MR.,

Mailing Address 129 ULEN BLVD.

City LEBANON State IN Zip Code 46052-1258

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

Name of Employer BUTLER FAIRMAN SEUFERT Occupation PRESIDENT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2021

Transaction ID : SA11A.12365

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CARRICO, BRIAN, A., MR.,

Mailing Address 12980 FEATHERBELL BLVD.

City CARMEL State IN Zip Code 46032-8399

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

Name of Employer INNOVATIVE HEALTH SOLUTIONS Occupation CEO

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2021

Transaction ID : SA11A.12363

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHEN, ROY, , DR.,

Mailing Address 7 PHEASANT RUN

City PORT JEFFERSON STA State NY Zip Code 11776-

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2021

Transaction ID : SA11A.11319

Amount of Each Receipt this Period
3500.00

Memo Item CONTRIBUTION
REFUNDED \$600.00 ON 05/19/2021

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 9 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
CHU, DAVID, , DR.,

Mailing Address 175 GNARLED HOLLOW ROAD

City: SETAUKET State: NY Zip Code: 11733-1933

FEC ID number of contributing federal political committee: C

Name of Employer: NEW YORK CANCER & BLOOD SPECIALISTS Occupation: PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt: 05 / 20 / 2021

Transaction ID : SA11A.11325

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHU, JAY, , MR.,

Mailing Address 725 W 21ST

City: CONNERSVILLE State: IN Zip Code: 47331-1750

FEC ID number of contributing federal political committee: C

Name of Employer: EAST TERRA PLASTICS Occupation: PRESIDENT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt: 06 / 03 / 2021

Transaction ID : SA11A.11356

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CIRRONE, JOSEPH, , DR.,

Mailing Address 22 LEDGEWOOD CIRCLE

City: EAST SETAUKET State: NY Zip Code: 11733-1151

FEC ID number of contributing federal political committee: C

Name of Employer: NEW YORK CANCER & BLOOD SPECIALISTS Occupation: PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt: 05 / 20 / 2021

Transaction ID : SA11A.11327

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

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

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

5250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
CONNER, WILLIS, R., MR.,

Mailing Address 7260 LANDS END CIRCLE

City NOBLESVILLE State IN Zip Code 46062-9416

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

Name of Employer AMERICAN STRUCTUREPOINT INC. Occupation PRESIDENT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2021

Transaction ID : SA11A.12378

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CYRIAC, GEORGE, , DR.,

Mailing Address 5 TALBOT PLACE

City HUNTINGTON State NY Zip Code 11746-2612

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 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 / 2021

Transaction ID : SA11A.11341

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DACOSTA, NOSHIR, , DR.,

Mailing Address 9 DORM COURT

City EAST SETAUKET State NY Zip Code 11733-1081

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11A.11343

Amount of Each Receipt this Period
2500.00

Memo Item
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
DEFABIS, MARK, V., MR,

Mailing Address 333 MASSACHUSETTS AVENUE
UNIT 304

City INDIANAPOLIS State IN Zip Code 46204-2039

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

Name of Employer INTEGRATED DISTRIBUTION SERVICES, INC Occupation OWNER

Receipt For: 2022
 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 / 2021

Transaction ID : SA11A.11344

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EAGLE, DAVID, , DR.,

Mailing Address 19017 PENINSULA POINT DRIVE

City CORNELIUS State NC Zip Code 28031-7601

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

Name of Employer NOVANT HEALTH Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2021

Transaction ID : SA11A.11345

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDATTEL, PAUL, , MR.,

Mailing Address 3124 HOLMES RUN ROAD

City FALLS CHURCH State VA Zip Code 22042-4308

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

Name of Employer TODD STRATEGY LLC Occupation GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2021

Transaction ID : SA11A.12416

Amount of Each Receipt this Period
1000.00

Memo Item 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 108
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
FILLOS, TRIANTAFILLOS, , DR.,

Mailing Address 305 SEA AIRE LANE

City MATTITUCK State NY Zip Code 11952-3091

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11324

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GEORGE, JERRY, , DR.,

Mailing Address 9 HANCOCK COURT

City SOUTH SETAUKET State NY Zip Code 11720-4610

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11A.11342

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GRAND, ROBERT, T., ,

Mailing Address 730 WILLIAMS COVE DRIVE

City INDIANAPOLIS State IN Zip Code 46260-5341

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

Name of Employer Occupation
BARNES & THORNBURG LLP ATTORNEY

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2021

Transaction ID : SA11A.11318

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4000.00

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 13 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
GROSSMAN, REUVEN, , DR.,
Mailing Address 14405 69TH ROAD

City FLUSHING State NY Zip Code 11367-1701

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11326

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GRUENSTEIN, STEVEN, , DR.,
Mailing Address 12 EAST 86TH STREET

City NEW YORK State NY Zip Code 10028-0506

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11335

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GUIGOVA, ADRIANA, , DR.,
Mailing Address 7 PHEASANT RUN

City EAST SETAUKET State NY Zip Code 11733-2220

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11329

Amount of Each Receipt this Period
600.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4100.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
HAMMOND, JOHN, RAYMOND, MR.,

Mailing Address 612 E. 13TH STREET

City INDIANAPOLIS State IN Zip Code 46202-2732

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

Name of Employer TAFT LAW Occupation LOBBYIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 15 2021

Transaction ID : SA11A.12374

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRIS, JOSHUA, , DR.,

Mailing Address 107 WYATT ROAD

City GARDEN CITY State NY Zip Code 11530-3117

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 24 2021

Transaction ID : SA11A.11348

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HATZIS, LUCAS, , MR.,

Mailing Address 70 N. STREET SE

City WASHINGTON State DC Zip Code 20003-4799

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

Name of Employer CAPITOL COUNSEL Occupation CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 07 2021

Transaction ID : SA11A.10289

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 15 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
JABLONSKI, REGINA, , DR.,
 Mailing Address 8 DAVIDS WAY
 City PORT JEFFERSON State NY Zip Code 11777-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2021
Transaction ID : SA11A.11350
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIM, CHRISTI, , DR.,
 Mailing Address 28 HAMLET WOODS DRIVE
 City SAINT JAMES State NY Zip Code 11780-3167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2021
Transaction ID : SA11A.11322
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KLIPSCH, FRED, S., MR.,
 Mailing Address 9053 MAYFAIR POINTE DRIVE
 City ORLANDO State FL Zip Code 32827-7083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KLIPSCH AUDIO TECHNOLOGIEES OWNER
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2021
Transaction ID : SA11A.12371
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
KNAPP, PETER, M., DR.,

Mailing Address 12933 HORLBECK STREET

City CARMEL State IN Zip Code 46032-8385

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN - UROLOGIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2021

Transaction ID : SA11A.12375

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KOCH, ROBERT, L., MR, II

Mailing Address 4120 MULBERRY PLACE

City EVANSVILLE State IN Zip Code 47714-0668

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

Name of Employer KOCH ENTERPRISES INC. Occupation CHAIRMAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2021

Transaction ID : SA11A.12352

Amount of Each Receipt this Period
2900.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LORANGER, TOM, , MR.,

Mailing Address 2616 KEY BLVD

City ARLINGTON State VA Zip Code 22201-4002

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

Name of Employer THE FERRARO GROUP Occupation GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2021

Transaction ID : SA11A.11291

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4400.00

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 17 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
LUCAS, JEFFREY, , MR.,

Mailing Address 1200 G STREET NORTHWEST

City WASHINGTON State DC Zip Code 20005-3814

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

Name of Employer TODD STRATEGY, LLC Occupation GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 30 2021

Transaction ID : SA11A.12415

Amount of Each Receipt this Period
3900.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
LUCAS, JEFFREY, , MR.,

Mailing Address 1200 G STREET NORTHWEST

City WASHINGTON State DC Zip Code 20005-3814

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

Name of Employer TODD STRATEGY, LLC Occupation GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 30 2021

Transaction ID : SA11A.12419

Amount of Each Receipt this Period
- 1000.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
LUCAS, JEFFREY, , MR.,

Mailing Address 1200 G STREET NORTHWEST

City WASHINGTON State DC Zip Code 20005-3814

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

Name of Employer TODD STRATEGY, LLC Occupation GOVERNMENT RELATIONS CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 30 2021

Transaction ID : SA11A.12420

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... ▶ 3900.00

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 18 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
MANDRELL, KEVIN, S., MR.,

Mailing Address 3955 S. VILLAGE DRIVE

City NEW PALESTINE State IN Zip Code 46163-9581

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

Name of Employer WALKER HUGHES INSURANCE Occupation DIRECTOR OF EMPLOYEE BENEFITS

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2021

Transaction ID : SA11A.12369

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MITTMAN, JEFFREY, , MR.,

Mailing Address 2888 S. COLTON ROAD

City NEW PALESTINE State IN Zip Code 46163-8774

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

Name of Employer BOSMA ENTERPRISES Occupation CEO

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2021

Transaction ID : SA11A.12370

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MONTANA, STEVEN, , DR.,

Mailing Address 6 TIMBER RIDGE DRIVE

City HUNTINGTON State NY Zip Code 11743-4898

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11333

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 19 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
NAWAZ, SHAHID, , DR.,
Mailing Address 18 DAVIDS WAY

City PRT JEFFERSON State NY Zip Code 11777-1154

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2021

Transaction ID : SA11A.11337

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NICOSON, JON, ED, MR.,
Mailing Address 2075 W. CR 100 S

City CORY State IN Zip Code 47846-8026

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

Name of Employer Occupation
NICOSON FARMS, INC. FARMER

Receipt For: 2022
 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 / 2021

Transaction ID : SA11A.12390

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NOURI-STAIANO, YELDA, , DR.,
Mailing Address 25 THE PRESERVE

City WOODBURY State NY Zip Code 11797-1809

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2021

Transaction ID : SA11A.11332

Amount of Each Receipt this Period
2500.00

Memo Item
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 20 OF 108	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
NOVOSELAC, AMORY, V., DR.,

Mailing Address 340 WEAVER STREET

City LARCHMONT	State NY	Zip Code 10538-1718
-------------------	-------------	------------------------

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11339

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
O'CONNELL, TODD, , MR.,

Mailing Address 7 JEFFERSON LANDING CIRCLE

City PORT JEFFERSON	State NY	Zip Code 11777-1964
------------------------	-------------	------------------------

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

Name of Employer NY CANCER & BLOOD SPECIALISTS	Occupation CHIEF OPERATING OFFICER
---	---------------------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2021

Transaction ID : SA11A.11352

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PANZERA, BRENDA, D., DR.,

Mailing Address 445 E. 86TH STREET
APT. 7H

City NEW YORK	State NY	Zip Code 10028-6433
------------------	-------------	------------------------

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 20 / 2021

Transaction ID : SA11A.11338

Amount of Each Receipt this Period
2500.00

Memo Item
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
PATTON, JEFF, , MR.,
Mailing Address 3721 WOODMONT BLVD

City: NASHVILLE State: TN Zip Code: 37215-1829

FEC ID number of contributing federal political committee: C

Name of Employer: ONEONCOLOGY Occupation: CEO

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt: 05 / 13 / 2021
Transaction ID : SA11A.11316

Amount of Each Receipt this Period: 1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PFAFFLE, ANTONY, , MR.,
Mailing Address 5025 WALDO AVENUE

City: BRONX State: NY Zip Code: 10471-3018

FEC ID number of contributing federal political committee: C

Name of Employer: CORMEDIX Occupation: CHIEF SCIENTIFIC OFFICER

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 04 / 19 / 2021
Transaction ID : SA11A.11296

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PICKERING, ELISE, , MS.,
Mailing Address 3721 TAFT AVENUE

City: ALEXANDRIA State: VA Zip Code: 22304-2617

FEC ID number of contributing federal political committee: C

Name of Employer: MEHLMAN CASTAGNETTI ROSEN & THOMAS Occupation: LOBBYIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt: 06 / 12 / 2021
Transaction ID : SA11A.12361

Amount of Each Receipt this Period: 1500.00

Memo Item CONTRIBUTION
SEE REDESIGNATION

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 22 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
PICKERING, ELISE, , MS.,
Mailing Address 3721 TAFT AVENUE

City ALEXANDRIA State VA Zip Code 22304-2617

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

Name of Employer MEHLMAN CASTAGNETTI ROSEN & THOMAS Occupation LOBBYIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2021

Transaction ID : SA11A.12417

Amount of Each Receipt this Period
 - 100.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
PICKERING, ELISE, , MS.,
Mailing Address 3721 TAFT AVENUE

City ALEXANDRIA State VA Zip Code 22304-2617

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

Name of Employer MEHLMAN CASTAGNETTI ROSEN & THOMAS Occupation LOBBYIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2021

Transaction ID : SA11A.12418

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
PRICE, FRANCIS, W., DR.,
Mailing Address 5511 SUNSET LANE

City INDIANAPOLIS State IN Zip Code 46228-1468

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

Name of Employer PRICE VISION GROUP Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2021

Transaction ID : SA11A.12447

Amount of Each Receipt this Period
 2900.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

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

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

2900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 23 OF 108	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
PRICE, FRANCIS, W., DR.,

Mailing Address 5511 SUNSET LANE

City INDIANAPOLIS	State IN	Zip Code 46228-1468
----------------------	-------------	------------------------

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

Name of Employer PRICE VISION GROUP	Occupation PHYSICIAN
--	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2021

Transaction ID : SA11A.12448

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
PRICE, FRANCIS, W., DR.,

Mailing Address 5511 SUNSET LANE

City INDIANAPOLIS	State IN	Zip Code 46228-1468
----------------------	-------------	------------------------

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

Name of Employer PRICE VISION GROUP	Occupation PHYSICIAN
--	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2021

Transaction ID : SA11A.12449

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
RETTET, AVI, S., DR.,

Mailing Address 72 HALLBERG AVE.

City BERGENFIELD	State NJ	Zip Code 07621-2618
---------------------	-------------	------------------------

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2021

Transaction ID : SA11A.11340

Amount of Each Receipt this Period

Memo Item
CONTRIBUTION

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

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 24 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
RUBRIGHT, STEPHEN, B., MR.,
Mailing Address 2642 S. KENMORE COURT

City ARLINGTON State VA Zip Code 22206-2366

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

Name of Employer ASTELLAS GENE THERAPIES Occupation EXECUTIVE DIRECTOR/HEAD OF GOV'T AFF

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 29 2021

Transaction ID : SA11A.12394

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SANTOS, MARK, , DR.,
Mailing Address 112 WINDCREST COURT

City JERSEY VILLAGE State TX Zip Code 77064-3473

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

Name of Employer ONEONCOLOGY Occupation SENIOR VICE PRESIDENT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 25 2021

Transaction ID : SA11A.11351

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SAVAGE, MEGAN, , MS.,
Mailing Address 4115 WESH BLVD.

City INDIANAPOLIS State IN Zip Code 46005-

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

Name of Employer HERITAGE ENVIRONMENTAL SERVICES LLC Occupation GOVERNMENT AFFAIRS CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 15 2021

Transaction ID : SA11A.12367

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 25 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
SCHAHET, GARY, , MR,

Mailing Address 9333 NORTH MERIDIAN STREET
SUITE 203

City INDIANAPOLIS State IN Zip Code 46260-1821

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

Name of Employer Occupation
SCHAHET HOTELS CHAIRMAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11A.11317

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
SCHAHET, GARY, , MR,

Mailing Address 9333 NORTH MERIDIAN STREET
SUITE 203

City INDIANAPOLIS State IN Zip Code 46260-1821

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

Name of Employer Occupation
SCHAHET HOTELS CHAIRMAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11A.12387

Amount of Each Receipt this Period
- 100.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
SCHAHET, GARY, , MR,

Mailing Address 9333 NORTH MERIDIAN STREET
SUITE 203

City INDIANAPOLIS State IN Zip Code 46260-1821

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

Name of Employer Occupation
SCHAHET HOTELS CHAIRMAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2021

Transaction ID : SA11A.12388

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 26 OF 108
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
SCHAHET, GARY, , MR,

Mailing Address 9333 NORTH MERIDIAN STREET
SUITE 203

City INDIANAPOLIS State IN Zip Code 46260-1821

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

Name of Employer Occupation
SCHAHET HOTELS CHAIRMAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 30 2021

Transaction ID : SA11A.12389

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCHULTHEIS, KENAN, L., MR.,

Mailing Address 3425 OAK HILL ROAD

City EVANSVILLE State IN Zip Code 47711-3675

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

Name of Employer Occupation
SCHULTHEIS INSURANCE OWNER

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 28 2021

Transaction ID : SA11A.11354

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHAIKJ, TALHA, , DR.,

Mailing Address 35 SUMMITT AVENUE

City CHATHAM State NJ Zip Code 07928-2732

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

Name of Employer Occupation
NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 20 2021

Transaction ID : SA11A.11336

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
SHARMA, DEEPALI, , DR.,

Mailing Address 94 STILLWELL LANE

City: WOODBURY State: NY Zip Code: 11797-1023

FEC ID number of contributing federal political committee: C

Name of Employer: NEW YORK CANCER & BLOOD SPECIALISTS Occupation: PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt: 05 / 19 / 2021

Transaction ID : SA11A.11321

Amount of Each Receipt this Period: 2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SOLDATIS, CHRISTY, , MRS.,

Mailing Address 7535 WEST 96TH STREET

City: ZIONSVILLE State: IN Zip Code: 46077-8712

FEC ID number of contributing federal political committee: C

Name of Employer: HOMEMAKER Occupation: HOMEMAKER

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 06 / 15 / 2021

Transaction ID : SA11A.12364

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SOLDATIS, JEFFERY, J., DR.,

Mailing Address 700 SUGARBUSH DRIVE

City: ZIONSVILLE State: IN Zip Code: 46077-1909

FEC ID number of contributing federal political committee: C

Name of Employer: ORTHOINDY Occupation: SURGEON

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt: 06 / 15 / 2021

Transaction ID : SA11A.12373

Amount of Each Receipt this Period: 500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

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 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
STONE, JOHN, , MR.,

Mailing Address 1401 COVENTRY LANE

City ALEXANDRIA State VA Zip Code 22304-1824

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

Name of Employer BGR GROUP Occupation CONSULTANT

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 28 2021

Transaction ID : SA11A.12384

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SYALI, GURMOHAN, , DR.,

Mailing Address 129 BREELEY BLVD.

City MELVILLE State NY Zip Code 11747-5332

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 20 2021

Transaction ID : SA11A.11328

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TODD, DANIEL, , MR.,

Mailing Address 3808 N WOODSTOCK STREET

City ARLINGTON State VA Zip Code 22207-4346

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

Name of Employer TODD STRATEGY, LLC Occupation GOVERNMENT AFFAIRS CONSULTANT

Receipt For: 2022
 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 2021

Transaction ID : SA11A.12413

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 108
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
TOMKE, JOHN, A., MR.,

Mailing Address 12934 BRIGHTON AVENUE

City CARMEL State IN Zip Code 46032-9668

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

Name of Employer N/A Occupation RETIRED VP

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2021

Transaction ID : SA11A.12377

Amount of Each Receipt this Period
 _____ 500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VACIRCA, JEFFREY, , DR.,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA State NY Zip Code 11776-8054

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

Name of Employer NEW YORK CANCER & BLOOD SPECIALISTS Occupation PHYSICIAN

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2021

Transaction ID : SA11A.11347

Amount of Each Receipt this Period
 _____ 2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VOLIVA, JOHN, , MR.,

Mailing Address 1310 CEDARWOOD DRIVE

City EVANSVILLE State IN Zip Code 47725-9028

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

Name of Employer HOOK'S APOTHECARY Occupation PHARMACIST

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2021

Transaction ID : SA11A.12362

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 4000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
ZUHOSKI, ALEXANDER, I., DR.,
 Mailing Address 1A LOCUST STREET
 City RIVERHEAD State NY Zip Code 11901-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NEW YORK CANCER & BLOOD SPECIALISTS PHYSICIAN
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2021
Transaction ID : SA11A.11331
 Amount of Each Receipt this Period
 2500.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FUSON LLC
 Mailing Address 4325 U.S. HWY 41 S
 City TERRE HAUTE State IN Zip Code 47802-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2021
Transaction ID : SA11A.11298
 Amount of Each Receipt this Period
 2000.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
FUSON, MARK, J., MR.,
 Mailing Address PO BOX 10069
 City TERRE HAUTE State IN Zip Code 47801-0069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FUSON AUTOMOTIVE GM DEALER
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1070.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2021
Transaction ID : SA11A.11300
 Amount of Each Receipt this Period
 1020.00
 Memo Item
CONTRIBUTION
 PARTNERSHIP ATTRIBUTION

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

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 11a
 11b
 11c
 11d
 12
 13a
 13b
 14
 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
FUSON, SUSAN, , MRS.,
 Mailing Address PO BOX 10039
 City TERRE HAUTE State IN Zip Code 47801-0039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FUSON, LLC Occupation MEMBER
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 980.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 22 / 2021
Transaction ID : SA11A.11301
 Amount of Each Receipt this Period
 980.00
 Memo Item
CONTRIBUTION
PARTNERSHIP ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	0.00
TOTAL This Period (last page this line number only)..... ▶	92700.00

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

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

FOR LINE NUMBER: PAGE 32 OF 108
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMM

Mailing Address 100 ABBOTT PARK RD

City LAKE BLUFF State IL Zip Code 60044-

FEC ID number of contributing federal political committee. **C** C00040279

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12426

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ABIOMED INC POLITICAL ACTION COMMITTEE (ABIOMED PAC)

Mailing Address 22 CHERRY HILL DRIVE

City DANVERS State MA Zip Code 01923-2575

FEC ID number of contributing federal political committee. **C** C00426445

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12385

Amount of Each Receipt this Period
2000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)

Mailing Address 1932 WYNNTON ROAD

City COLUMBUS State GA Zip Code 31999-0001

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12395

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 9500.00

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
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
ALEXION PHARMACEUTICALS INC. PAC

Mailing Address 100 COLLEGE STREET

City NEW HAVEN State CT Zip Code 06510-3210

FEC ID number of contributing federal political committee. **C** C00471169

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11313

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ALKERMES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 852 WINTER STREET

City WALTHAM State MA Zip Code 02451-1439

FEC ID number of contributing federal political committee. **C** C00525063

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2021

Transaction ID : SA11C.12354

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLO

Mailing Address 1100 E. WOODFIELD ROAD, SUITE 520

City SCHAUMBURG State IL Zip Code 60173-5125

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11315

Amount of Each Receipt this Period
2500.00

Memo Item 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)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION

Mailing Address 1445 NEW YORK AVENUE NW
STE 800

City WASHINGTON State DC Zip Code 20005-2125

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2021

Transaction ID : SA11C.12376

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION BRAIN

Mailing Address 509B 2ND ST NE LOWER LEVEL

City WASHINGTON State DC Zip Code 20002-4916

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12397

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT

Mailing Address 1650 DIAGONAL ROAD

City ALEXANDRIA State VA Zip Code 22314-2857

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12427

Amount of Each Receipt this Period
1000.00

Memo Item
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTI

Mailing Address 725 FIFTEENTH ST., NW SUITE 500

City WASHINGTON State DC Zip Code 20005-

FEC ID number of contributing federal political committee. **C** C00413955

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12441

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERV

Mailing Address 25 MASSACHUSETTS AVE, NW SUITE 700

City WASHINGTON State DC Zip Code 20001-7401

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12357

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW SUITE 802

City WASHINGTON State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2021

Transaction ID : SA11C.12372

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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 36 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION C

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2021

Transaction ID : SA11C.12379

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 2400 N ST NW

City WASHINGTON State DC Zip Code 20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12429

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC

Mailing Address 4926 DEL RAY AVENUE

City BETHESDA State MD Zip Code 20814-2512

FEC ID number of contributing federal political committee. **C** C00423228

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12435

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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 37 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11306

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

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

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12424

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC P

Mailing Address 1090 VERMONT AVE., NW
SUITE 510

City WASHINGTON State DC Zip Code 20005-4949

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2021

Transaction ID : SA11C.12358

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 38 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

A. Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2021

Transaction ID : SA11C.11302

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)
AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

B. Mailing Address 1000 WILSON BOULEVARD SUITE 1825

City ARLINGTON State VA Zip Code 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12445

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC ("AST

C. Mailing Address 251 18TH ST S

City ARLINGTON State VA Zip Code 22202-3531

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11307

Amount of Each Receipt this Period
1000.00

Memo Item 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 39 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC (
Mailing Address 2200 RESEARCH BLVD

City ROCKVILLE	State MD	Zip Code 20850-3289
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FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer	Occupation
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2021

Transaction ID : SA11C.12360

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC ("AST
Mailing Address 251 18TH ST S

City ARLINGTON	State VA	Zip Code 22202-3531
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12428

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN UROLOGICAL ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AUAPAC)
Mailing Address 1000 CORPORATE BLVD

City LINTHICUM	State MD	Zip Code 21090-2260
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FEC ID number of contributing federal political committee. **C** C00691741

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12398

Amount of Each Receipt this Period
1000.00

Memo Item
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 40 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

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

Mailing Address 601 13TH STREET, NW
12TH FLOOR

City WASHINGTON State DC Zip Code 20005-3819

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12407

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAYER CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 BAYER RD

City PITTSBURGH State PA Zip Code 15205-9707

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12402

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCA

Mailing Address 777 SCUDDERS MILL RD

City PRINCETON State NJ Zip Code 08540-

FEC ID number of contributing federal political committee. **C** C00035675

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11314

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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 41 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
BRISTOL-MYERS SQUIBB CO. EMPLOYEE POLITICAL ADVOCA
 Mailing Address 777 SCUDDERS MILL RD
 City PRINCETON State NJ Zip Code 08540-
 FEC ID number of contributing federal political committee. **C** C00035675
 Name of Employer Occupation
 Receipt For: 2022
 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 / 2021
Transaction ID : SA11C.12440
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMI
 Mailing Address 400 ATLANTIC ST
 City STAMFORD State CT Zip Code 06901-3512
 FEC ID number of contributing federal political committee. **C** C00426775
 Name of Employer Occupation
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021
Transaction ID : SA11C.11305
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE
 Mailing Address P.O. BOX 2485
 City SPRINGFIELD State VA Zip Code 22152-0485
 FEC ID number of contributing federal political committee. **C** C00469429
 Name of Employer Occupation
 Receipt For: 2022
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2021
Transaction ID : SA11C.12382
 Amount of Each Receipt this Period
 2500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00
TOTAL This Period (last page this line number only)..... ▶

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1350 I STREET, NW
SUITE 590

City WASHINGTON State DC Zip Code 20005-3305

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12406

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103-2855

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12396

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CTIA - THE WIRELESS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1400 16TH STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-2225

FEC ID number of contributing federal political committee. **C** C00262295

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12410

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 7500.00

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

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

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
DOCTORS' COMPANY FEDERAL PAC (DOCPAC) ; THE

Mailing Address 185 GREENWOOD ROAD

City NAPA State CA Zip Code 94558-6270

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12405

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

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

Mailing Address 550 SOUTH TRYON STREET

City CHARLOTTE State NC Zip Code 28202-4200

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

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12437

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELANCO US INC POLITICAL ACTION COMMITTEE ("ELANCO PAC")

Mailing Address 800 17TH STREET NW
SUITE 640

City WASHINGTON State DC Zip Code 20006-3945

FEC ID number of contributing federal political committee. **C** C00722165

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12438

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 44 OF 108	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 400 EAST

City WASHINGTON	State DC	Zip Code 20001-2133
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FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12444

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRESENIUS MEDICAL CARE NORTH AMERICA PAC

Mailing Address 801 PENNSYLVANIA AVENUE, NW
SUITE 255

City WASHINGTON	State DC	Zip Code 20004-3637
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FEC ID number of contributing federal political committee. **C** C00401299

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 29 / 2021

Transaction ID : SA11C.12403

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City WASHINGTON	State DC	Zip Code 20004-2400
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FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2021

Transaction ID : SA11C.12393

Amount of Each Receipt this Period
1000.00

Memo Item 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

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

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL MOTORS COMPANY POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 400

City WASHINGTON State DC Zip Code 20001-1427

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12442

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GILEAD SCIENCES INC HEALTHCARE POLICY PAC

Mailing Address 333 LAKESIDE DR

City FOSTER CITY State CA Zip Code 94404-1147

FEC ID number of contributing federal political committee. **C** C00396895

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11312

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE LLC POLITICAL ACTION COMMITTEE (GSK PAC)

Mailing Address FIVE MOORE DRIVE
P.O. BOX 13358

City RES. TRIANGLE PARK State NC Zip Code 27709-3358

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

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12433

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 46 OF 108	
<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)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE

Mailing Address 2020 PENNSYLVANIA AVENUE
BOX 301

City WASHINGTON	State DC	Zip Code 20044-0301
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00431924

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11C.11303

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LABORATORY CORPORATION OF AMERICA HOLDINGS POLITIC

Mailing Address 231 MAPLE AVE

City BURLINGTON	State NC	Zip Code 27215-5848
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00314997

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12404

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LUNDBECK LLC EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address SIX PARKWAY NORTH
SUITE 400

City DEERFIELD	State IL	Zip Code 60015-2522
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00491118

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12436

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	7500.00
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 47 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MER

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

City WASHINGTON State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12401

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MER

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

City WASHINGTON State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12446

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12400

Amount of Each Receipt this Period
1500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 48 OF 108	
<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)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS F

Mailing Address 1201 F ST. NW
SUITE 200

City WASHINGTON	State DC	Zip Code 20004-1221
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 19 / 2021

Transaction ID : SA11C.12381

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NCTA - THE INTERNET AND TELEVISION ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City WASHINGTON	State DC	Zip Code 20001-1434
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11C.11308

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PHARM RES & MFG OF AMERICA BETTER GOVT CMT

Mailing Address 950 F STREET, NW
SUITE 300

City WASHINGTON	State DC	Zip Code 20004-1440
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer	Occupation
------------------	------------

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12359

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	7000.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 108
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

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

Mailing Address 317 MASSACHUSETTS AVE., N.E.
1ST FLOOR

City WASHINGTON State DC Zip Code 20002-5769

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

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2021

Transaction ID : SA11C.12356

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Mailing Address 1700 ROCKVILLE PIKE SUITE 220

City ROCKVILLE State MD Zip Code 20852-1631

FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11310

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

Mailing Address 1700 ROCKVILLE PIKE SUITE 220

City ROCKVILLE State MD Zip Code 20852-1631

FEC ID number of contributing federal political committee. **C** C00409391

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2021

Transaction ID : SA11C.12430

Amount of Each Receipt this Period
4000.00

Memo Item CONTRIBUTION
REDESIGNATION REQUESTED

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

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW
SUITE 320

City WASHINGTON State DC Zip Code 20007-4105

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2021

Transaction ID : SA11C.12392

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC

Mailing Address P. O. BOX 718

City WINSTON SALEM State NC Zip Code 27102-0718

FEC ID number of contributing federal political committee. **C** C00042002

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12439

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROCHE INC. GOOD GOVERNMENT COMMITTEE

Mailing Address 340 KINGSLAND ST

City NUTLEY State NJ Zip Code 07110-1150

FEC ID number of contributing federal political committee. **C** C00072769

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12434

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 6000.00

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

**SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC

Mailing Address 1155 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2706

FEC ID number of contributing federal political committee. **C** C00570226

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12409

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SMITH & NEPHEW, INC. PAC (S+N PAC)

Mailing Address 900 7TH STREET NW SUITE 735

City WASHINGTON State DC Zip Code 20001-3804

FEC ID number of contributing federal political committee. **C** C00374066

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12443

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

Mailing Address 633 N. ST. CLAIR ST. 24TH FLOOR

City CHICAGO State IL Zip Code 60611-3295

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2021

Transaction ID : SA11C.12399

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 20 F STREET, NW
SUITE 310 C

City WASHINGTON State DC Zip Code 20001-6702

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2021

Transaction ID : SA11C.11292

Amount of Each Receipt this Period
5000.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUNOVION PHARMACEUTICALS INC. GOOD GOVERNANCE FUND

Mailing Address 84 WATERFORD DRIVE

City MARLBOROUGH State MA Zip Code 01752-7010

FEC ID number of contributing federal political committee. **C** C00423236

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11304

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
T-MOBILE USA, INC. POLITICAL ACTION COMMITTEE (T-PAC)

Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.

City WASHINGTON State DC Zip Code 20004-2710

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12425

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (

Mailing Address 6116 EXECUTIVE BLVD., SUITE 200

City NORTH BETHESDA State MD Zip Code 20852-4925

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2021

Transaction ID : SA11C.11311

Amount of Each Receipt this Period
 2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC

Mailing Address 601 THIRTEENTH STREET NW
STE 910 S

City WASHINGTON State DC Zip Code 20005-3991

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2021

Transaction ID : SA11C.12423

Amount of Each Receipt this Period
 2000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 700 13TH ST., NW
SUITE 350

City WASHINGTON State DC Zip Code 20005-6621

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2022
 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 / 2021

Transaction ID : SA11C.12422

Amount of Each Receipt this Period
 1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 54 OF 108	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE

Mailing Address 10101 WOODLOCH FOREST DR

City THE WOODLANDS State TX Zip Code 77380-1975

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 08 / 2021

Transaction ID : SA11C.12355

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
US RENAL CARE PAC

Mailing Address 5851 LEGACY CIRCLE SUITE 900

City PLANO State TX Zip Code 75024-5982

FEC ID number of contributing federal political committee. **C** C00639260

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 17 / 2021

Transaction ID : SA11C.11309

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address ONE VALERO WAY

City SAN ANTONIO State TX Zip Code 78249-1616

FEC ID number of contributing federal political committee. **C** C00109546

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 19 / 2021

Transaction ID : SA11C.12383

Amount of Each Receipt this Period
2500.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	141000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

A. Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 6818

City Carol Stream State IL Zip Code 60197-6818

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2021

Transaction ID : SA1001

Amount of Each Receipt this Period
 985.00

Memo Item
 Refund of conference registration fee from Congressional Institute from 4-28-2021

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	985.00
TOTAL This Period (last page this line number only)..... ▶	985.00

**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 56 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. GOFF, BRENDA, K., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2021	
Mailing Address 3900 ALLDRIDGE ROAD			FEC Identification Number C	
City MT. VERNON	State IN	Zip Code 47620	Amount of Each Disbursement this Period 95.20	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I11945	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GOFF, BRENDA, K., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2021	
Mailing Address 3900 ALLDRIDGE ROAD			FEC Identification Number C	
City MT. VERNON	State IN	Zip Code 47620	Amount of Each Disbursement this Period 41.56	
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11947	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GOFF, BRENDA, K., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2021	
Mailing Address 3900 ALLDRIDGE ROAD			FEC Identification Number C	
City MT. VERNON	State IN	Zip Code 47620	Amount of Each Disbursement this Period 285.60	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I11962	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	422.36
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 57 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. GOFF, BRENDA, K., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2021		
Mailing Address 3900 ALLDRIDGE ROAD			FEC Identification Number C		
City MT. VERNON	State IN	Zip Code 47620	Amount of Each Disbursement this Period 175.07		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11963		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. GOFF, BRENDA, K., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021		
Mailing Address 3900 ALLDRIDGE ROAD			FEC Identification Number C		
City MT. VERNON	State IN	Zip Code 47620	Amount of Each Disbursement this Period 209.44		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I14036		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GOFF, BRENDA, K., MRS.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021		
Mailing Address 3900 ALLDRIDGE ROAD			FEC Identification Number C		
City MT. VERNON	State IN	Zip Code 47620	Amount of Each Disbursement this Period 171.78		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I14037		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	556.29
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 58 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. LUCAS, ERIN, M, MRS.,			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2021		
Mailing Address 343 E. ST. CLAIR STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 544.37		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I10907		
Candidate Name		Memo Item <input type="checkbox"/>			
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. LUCAS, ERIN, M, MRS.,			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021		
Mailing Address 343 E. ST. CLAIR STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 544.37		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11920		
Candidate Name		Memo Item <input type="checkbox"/>			
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) C. LUCAS, ERIN, M, MRS.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2021		
Mailing Address 343 E. ST. CLAIR STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 544.37		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11946		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1633.11
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 59 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. LUCAS, ERIN, M, MRS.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2021		
Mailing Address 343 E. ST. CLAIR STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 544.36		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11958		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LUCAS, ERIN, M, MRS.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2021		
Mailing Address 343 E. ST. CLAIR STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 544.37		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I13025		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LUCAS, ERIN, M, MRS.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021		
Mailing Address 343 E. ST. CLAIR STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 544.37		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I14042		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1633.10
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 60 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 39.76		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I11921		
Candidate Name		Memo Item <input type="checkbox"/>			
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. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 113.26		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11922		
Candidate Name		Memo Item <input type="checkbox"/>			
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) C. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 74.05		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I11960		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	227.07
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 61 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 19.04		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I11961		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 127.68		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I13023		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 113.26		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I13024		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	259.98
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 62 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 122.64		
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type 002	Transaction ID : SB17.I14040		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. POLLOCK, SAMUEL, , MR.,			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021		
Mailing Address 164 N. 37TH STREET			FEC Identification Number C		
City TERRE HAUTE	State IN	Zip Code 47803	Amount of Each Disbursement this Period 126.31		
Purpose of Disbursement PAYROLL		Category/ Type 001	Transaction ID : SB17.I14041		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BKD, LLP			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2021		
Mailing Address P.O. BOX 22127			FEC Identification Number C		
City LOUISVILLE	State KY	Zip Code 40252	Amount of Each Disbursement this Period 1258.75		
Purpose of Disbursement BOOKKEEPING SERVICE		Category/ Type 001	Transaction ID : SB17.I11951		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1507.70
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 63 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. BKD, LLP			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2021		
Mailing Address P.O. BOX 22127			FEC Identification Number C		
City LOUISVILLE	State KY	Zip Code 40252	Amount of Each Disbursement this Period 2470.00		
Purpose of Disbursement BOOKKEEPING SERVICE		Category/ Type 001	Transaction ID : SB17.I14058		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. BUSKILL CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2021		
Mailing Address 6488 NORTH RURAL STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46220	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement FUNDRAISING CONSULTANT		Category/ Type 003	Transaction ID : SB17.I11943		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. BUSKILL CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2021		
Mailing Address 6488 NORTH RURAL STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46220	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement FUNDRAISING CONSULTANT		Category/ Type 003	Transaction ID : SB17.I13027		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	8470.00
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 64 OF 108			
	<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	

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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. BUSKILL CONSULTING LLC			Date of Disbursement MM / DD / YYYY 06 / 29 / 2021		
Mailing Address 6488 NORTH RURAL STREET			FEC Identification Number C		
City INDIANAPOLIS	State IN	Zip Code 46220	Amount of Each Disbursement this Period 4377.50		
Purpose of Disbursement FUNDRAISING CONSULTANT		Category/ Type 003	Transaction ID : SB17.I14059		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB			Date of Disbursement MM / DD / YYYY 05 / 07 / 2021		
Mailing Address 300 1ST STREET SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 1034.55		
Purpose of Disbursement DOCTORS CAUCUS BREAKFAST		Category/ Type 001	Transaction ID : SB17.I11952		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB			Date of Disbursement MM / DD / YYYY 06 / 08 / 2021		
Mailing Address 300 1ST STREET SE			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 25.35		
Purpose of Disbursement CAMPAIGN MEALS		Category/ Type 002	Transaction ID : SB17.I13029		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5437.40
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 65 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>19</td> <td></td> <td>2021</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		19		2021
M M	/	D D	/	Y Y Y Y									
04		19		2021									
Mailing Address 1593 SPRING HILL ROAD SUITE 400		FEC Identification Number											
City TYSONS CORNER	State VA	Zip Code 22182	C										
Purpose of Disbursement SOFTWARE SERVICES	Candidate Name		Amount of Each Disbursement this Period										
			900.00										
Candidate Name	Category/Type		Transaction ID : SB17.I11924										
	001		<input type="checkbox"/> Memo Item										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>18</td> <td></td> <td>2021</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		18		2021
M M	/	D D	/	Y Y Y Y									
05		18		2021									
Mailing Address 1593 SPRING HILL ROAD SUITE 400		FEC Identification Number											
City TYSONS CORNER	State VA	Zip Code 22182	C										
Purpose of Disbursement SOFTWARE SERVICES	Candidate Name		Amount of Each Disbursement this Period										
			900.00										
Candidate Name	Category/Type		Transaction ID : SB17.I12965										
	001		<input type="checkbox"/> Memo Item										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>17</td> <td></td> <td>2021</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		17		2021
M M	/	D D	/	Y Y Y Y									
06		17		2021									
Mailing Address 1593 SPRING HILL ROAD SUITE 400		FEC Identification Number											
City TYSONS CORNER	State VA	Zip Code 22182	C										
Purpose of Disbursement SOFTWARE SERVICES	Candidate Name		Amount of Each Disbursement this Period										
			900.00										
Candidate Name	Category/Type		Transaction ID : SB17.I14043										
	001		<input type="checkbox"/> Memo Item										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											

SUBTOTAL of Disbursements This Page (optional).....▶	2700.00
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 66 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. GO BIG MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2021
Mailing Address 1350 CONNECTICUT AVE NW SUITE 400		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement DIGITAL MEDIA BUYS	Category/Type 004	
Candidate Name		Amount of Each Disbursement this Period 2500.00
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:	Transaction ID : SB17.I10917 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GO BIG MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2021
Mailing Address 1350 CONNECTICUT AVE NW SUITE 400		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement DIGITAL MEDIA BUYS	Category/Type 004	
Candidate Name		Amount of Each Disbursement this Period 2500.00
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:	Transaction ID : SB17.I11949 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GO BIG MEDIA, INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2021
Mailing Address 1350 CONNECTICUT AVE NW SUITE 400		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement DIGITAL MEDIA BUYS	Category/Type 004	
Candidate Name		Amount of Each Disbursement this Period 2500.00
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:	Transaction ID : SB17.I13028 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
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 67 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. HUCKABY DAVIS LISKER, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2021		
Mailing Address 228 SOUTH WASHINGTON STREET SUITE 115					
City ALEXANDRIA	State VA	Zip Code 22314	FEC Identification Number C		
Purpose of Disbursement COMPLIANCE CONSULTING FEES		Category/ Type 001	Amount of Each Disbursement this Period 1037.05		
Candidate Name		Transaction ID : SB17.I11950			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. INDIANA DEPARTMENT OF REVENUE			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021		
Mailing Address P.O. BOX 7221					
City INDIANAPOLIS	State IN	Zip Code 46207	FEC Identification Number C		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Amount of Each Disbursement this Period 69.74		
Candidate Name		Transaction ID : SB17.I10914			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. INDIANA DEPARTMENT OF REVENUE			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2021		
Mailing Address P.O. BOX 7221					
City INDIANAPOLIS	State IN	Zip Code 46207	FEC Identification Number C		
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Amount of Each Disbursement this Period 71.13		
Candidate Name		Transaction ID : SB17.I11953			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1177.92
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 68 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. INDIANA DEPARTMENT OF REVENUE			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021	
Mailing Address P.O. BOX 7221			FEC Identification Number C	
City INDIANAPOLIS	State IN	Zip Code 46207	Amount of Each Disbursement this Period 74.12	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.I13036	
Candidate Name		Memo Item <input type="checkbox"/>		
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. INDIANA REPUBLICAN STATE COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021	
Mailing Address 101 W. OHIO STREET SUITE 2200			FEC Identification Number C	
City INDIANAPOLIS	State IN	Zip Code 46204	Amount of Each Disbursement this Period 395.00	
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : SB17.I11919	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. INDIANA REPUBLICAN STATE COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2021	
Mailing Address 101 W. OHIO STREET SUITE 2200			FEC Identification Number C	
City INDIANAPOLIS	State IN	Zip Code 46204	Amount of Each Disbursement this Period 397.21	
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : SB17.I12969	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	866.33
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 69 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. INDIANA REPUBLICAN STATE COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2021	
Mailing Address 101 W. OHIO STREET SUITE 2200			FEC Identification Number C	
City INDIANAPOLIS	State IN	Zip Code 46204	Amount of Each Disbursement this Period 395.00	
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : SB17.I14027	
Candidate Name		Memo Item <input type="checkbox"/>		
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. PERRY COUNTY GOP			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2021	
Mailing Address 1005 MAIN STREET			FEC Identification Number C	
City TELL CITY	State IN	Zip Code 47586	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement FULL PAGE AD		Category/ Type 004	Transaction ID : SB17.I11956	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. REID POLITICAL CONSULTING LLC DBA REPUBLIC STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2021	
Mailing Address 216 WOODLAND TERRACE			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22302	Amount of Each Disbursement this Period 2973.18	
Purpose of Disbursement FUNDRAISING CONSULTANT		Category/ Type 003	Transaction ID : SB17.I10920	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3468.18
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 70 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. REID POLITICAL CONSULTING LLC DBA REPUBLIC STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2021
Mailing Address 216 WOODLAND TERRACE		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FUNDRAISING CONSULTANT	Category/Type 003	Amount of Each Disbursement this Period 2507.98
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:	Transaction ID : SB17.I11948 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. REID POLITICAL CONSULTING LLC DBA REPUBLIC STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2021
Mailing Address 216 WOODLAND TERRACE		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FUNDRAISING CONSULTANT	Category/Type 003	Amount of Each Disbursement this Period 2750.00
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:	Transaction ID : SB17.I12967 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. REID POLITICAL CONSULTING LLC DBA REPUBLIC STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2021
Mailing Address 216 WOODLAND TERRACE		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FUNDRAISING CONSULTANT	Category/Type 003	Amount of Each Disbursement this Period 2750.00
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:	Transaction ID : SB17.I12968 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	8007.98
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 71 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. REID POLITICAL CONSULTING LLC DBA REPUBLIC STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2021
Mailing Address 216 WOODLAND TERRACE		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement FUNDRAISING CONSULTANT	Category/Type 003	
Candidate Name	Amount of Each Disbursement this Period 2750.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14033
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RIGHT TO LIFE OF SW INDIANA		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2021
Mailing Address 20 NW FOURTH STREET SUITE 308		FEC Identification Number C
City EVANSVILLE	State IN	Zip Code 47708
Purpose of Disbursement EVENT TICKETS/SPONSORSHIP	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 1350.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I10916
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UNITED STATES TREASURY		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021
Mailing Address INTERNAL REVENUE SERVICE P.O. BOX 804521		FEC Identification Number C
City CINCINNATI	State OH	Zip Code 45280
Purpose of Disbursement PAYROLL TAXES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 209.62	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I10915
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4309.62
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 72 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES TREASURY			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2021	
Mailing Address INTERNAL REVENUE SERVICE P.O. BOX 804521			FEC Identification Number C	
City CINCINNATI	State OH	Zip Code 45280	Amount of Each Disbursement this Period 214.20	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.I11954	
Candidate Name		Memo Item <input type="checkbox"/>		
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. UNITED STATES TREASURY			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2021	
Mailing Address INTERNAL REVENUE SERVICE P.O. BOX 804521			FEC Identification Number C	
City CINCINNATI	State OH	Zip Code 45280	Amount of Each Disbursement this Period 245.18	
Purpose of Disbursement PAYROLL TAXES		Category/ Type 001	Transaction ID : SB17.I13035	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. USINCUBATOR, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2021	
Mailing Address 815 JOHN STREET SUITE 110			FEC Identification Number C	
City EVANSVILLE	State IN	Zip Code 47713	Amount of Each Disbursement this Period 260.00	
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : SB17.I10906	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	719.38
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 73 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. USINCUBATOR, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2021	
Mailing Address 815 JOHN STREET SUITE 110			FEC Identification Number C	
City EVANSVILLE	State IN	Zip Code 47713	Amount of Each Disbursement this Period 260.00	
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : SB17.I11944	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. USINCUBATOR, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2021	
Mailing Address 815 JOHN STREET SUITE 110			FEC Identification Number C	
City EVANSVILLE	State IN	Zip Code 47713	Amount of Each Disbursement this Period 260.00	
Purpose of Disbursement RENT		Category/ Type 001	Transaction ID : SB17.I13022	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2021	
Mailing Address P.O. BOX 25505			FEC Identification Number C	
City LEHIGH VALLEY	State PA	Zip Code 18002	Amount of Each Disbursement this Period 154.24	
Purpose of Disbursement CELL PHONE		Category/ Type 001	Transaction ID : SB17.I11923	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	674.24
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 74 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2021	
Mailing Address P.O. BOX 25505			FEC Identification Number C	
City LEHIGH VALLEY	State PA	Zip Code 18002	Amount of Each Disbursement this Period 154.32	
Purpose of Disbursement CELL PHONE		Category/ Type 001	Transaction ID : SB17.I11957	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2021	
Mailing Address P.O. BOX 25505			FEC Identification Number C	
City LEHIGH VALLEY	State PA	Zip Code 18002	Amount of Each Disbursement this Period 154.32	
Purpose of Disbursement CELL PHONE		Category/ Type 001	Transaction ID : SB17.I14028	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. VISA			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2021	
Mailing Address PO BOX 31021			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33631-3021	Amount of Each Disbursement this Period 299.83	
Purpose of Disbursement CREDIT CARD PAYMENT - VENDOR ITEMIZATION FOLLOWS		Category/ Type	Transaction ID : SB17.I11931	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	608.47
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 75 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. STABLES STEAKHOUSE			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2021	
Mailing Address 939 POPLAR STREET			FEC Identification Number C	
City TERRE HAUTE	State IN	Zip Code 47807	Amount of Each Disbursement this Period 245.25	
Purpose of Disbursement CAMPAIGN MEALS		Category/ Type 002	Transaction ID : SB17.I11932	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. VISA			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2021	
Mailing Address PO BOX 31021			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33631-3021	Amount of Each Disbursement this Period 717.60	
Purpose of Disbursement CREDIT CARD PAYMENT - VENDOR ITEMIZATION FOLLOWS		Category/ Type 002	Transaction ID : SB17.I11935	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. UNITED AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2021	
Mailing Address 233 SOUTH WACKER DRIVE			FEC Identification Number C	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Disbursement this Period 717.60	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I11936	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	717.60
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 76 OF 108	
	<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)
Bucshon for Congress

A. VISA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 31021

City TAMPA State FL Zip Code 33631-3021

Purpose of Disbursement CREDIT CARD PAYMENT - VENDOR ITEMIZATION FOLLOWS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 2183.99

Transaction ID : SB17.I11937

Memo Item

B. CONGRESSIONAL INSTITUTE

Full Name (Last, First, Middle Initial)

Mailing Address 1700 DIAGONAL ROAD #730

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONFERENCE REGISTRATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 1970.00

Transaction ID : SB17.I11940

Memo Item \$985 REFUNDED ON 6-1-2021

C. MAILCHIMP

Full Name (Last, First, Middle Initial)

Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement EMAIL HOSTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 170.00

Transaction ID : SB17.I11938

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2183.99

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 77 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2021	
Mailing Address 520 S. GRAND AVENUE 2ND FLOOR			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90071	Amount of Each Disbursement this Period 29.00	
Purpose of Disbursement WEB HOSTING		Category/ Type 004	Transaction ID : SB17.I11939	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. VISA			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2021	
Mailing Address PO BOX 31021			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33631-3021	Amount of Each Disbursement this Period 840.09	
Purpose of Disbursement CREDIT CARD PAYMENT - VENDOR ITEMIZATION FOLLOWS		Category/ Type	Transaction ID : SB17.I12981	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2021	
Mailing Address 2701 SUMMER STREET			FEC Identification Number C	
City STAMFORD	State CT	Zip Code 06905	Amount of Each Disbursement this Period 482.10	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : SB17.I12986	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	840.09
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 78 OF 108	
	<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)
Bucshon for Congress

A. MAILCHIMP

Full Name (Last, First, Middle Initial)
Mailing Address 675 PONCE DE LEON AVE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement EMAIL HOSTING Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 25 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 170.00

Transaction ID : SB17.I12984

Memo Item

B. NATIONBUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 520 S. GRAND AVENUE
2ND FLOOR

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement WEB HOSTING Category/Type 004

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 25 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 29.00

Transaction ID : SB17.I12985

Memo Item

C. VISA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 31021

City TAMPA State FL Zip Code 33631-3021

Purpose of Disbursement CREDIT CARD PAYMENT - VENDOR ITEMIZATION FOLLOWS Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 25 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 562.13

Transaction ID : SB17.I12988

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 562.13

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 79 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. OMNI HOTELS CHAMPIONS GATE			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2021	
Mailing Address 1500 MASTERS BLVD			FEC Identification Number C	
City CHAMPIONSGATE	State FL	Zip Code 33896	Amount of Each Disbursement this Period 387.12	
Purpose of Disbursement LODGING		Category/ Type 002	Transaction ID : SB17.I12991	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. VISA			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2021	
Mailing Address PO BOX 31021			FEC Identification Number C	
City TAMPA	State FL	Zip Code 33631-3021	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement CREDIT CARD PYMT - ITEMIZATION FOLLOWS		Category/ Type 001	Transaction ID : SB17.I12994	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. SOUTHWEST INDIANA CHAMBER			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2021	
Mailing Address 318 MAIN STREET SUITE 401			FEC Identification Number C	
City EVANSVILLE	State IN	Zip Code 47708	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement TABLE SPONSORSHIP		Category/ Type 004	Transaction ID : SB17.I12995	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
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 80 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. VISA		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2021
Mailing Address PO BOX 31021		FEC Identification Number C
City TAMPA	State FL	Zip Code 33631-3021
Purpose of Disbursement CREDIT CARD PYMT CAMP MEALS - NO VENDOR REQ ITEMIZATION		002
Candidate Name		Amount of Each Disbursement this Period 103.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14050
State: District:		<input type="checkbox"/> Memo Item CAMPAIGN MEALS

Full Name (Last, First, Middle Initial) B. VISA		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2021
Mailing Address PO BOX 31021		FEC Identification Number C
City TAMPA	State FL	Zip Code 33631-3021
Purpose of Disbursement CREDIT CARD PYMT - VENDOR ITEMIZATION FOLLOWS		002
Candidate Name		Amount of Each Disbursement this Period 344.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14054
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. TOWNEPLACE SUITES		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2021
Mailing Address 7535 NORTHSIDE DRIVE		FEC Identification Number C
City NORTH CHARLESTON	State SC	Zip Code 29420
Purpose of Disbursement CAMPAIGN LODGING		002
Candidate Name		Amount of Each Disbursement this Period 280.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14055
State: District:		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	448.48
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 81 OF 108			
	<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)
Bucshon for Congress

A. VISA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 31021

City TAMPA State FL Zip Code 33631-3021

Purpose of Disbursement CREDIT CARD PAYMENT - VENDOR ITEMIZATION FOLLOWS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 548.82

Transaction ID : SB17.I14060

Memo Item

B. JW MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 10 SOUTH WEST STREET

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 232.83

Transaction ID : SB17.I14063

Memo Item

C. MAILCHIMP

Full Name (Last, First, Middle Initial)
Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement EMAIL HOSTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2021

FEC Identification Number: C

Amount of Each Disbursement this Period: 170.00

Transaction ID : SB17.I14062

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 548.82

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 82 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2021	
Mailing Address 520 S. GRAND AVENUE 2ND FLOOR			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90071	Amount of Each Disbursement this Period 29.00	
Purpose of Disbursement WEB HOSTING		Category/ Type 004	Transaction ID : SB17.I14064	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
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. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I10919	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 19.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I11925	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	57.60
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 83 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 0.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I11928
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 19.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I11929
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 19.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I11930
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	39.09
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 84 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			003	FEC Identification Number C	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period 38.30	
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:		Transaction ID : SB17.I11964 <input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			003	FEC Identification Number C	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period 38.30	
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:		Transaction ID : SB17.I11965 <input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			003	FEC Identification Number C	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period 95.30	
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:		Transaction ID : SB17.I12972 <input type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶	171.90
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 85 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 38.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I12973
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 95.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I12974
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 95.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I12975
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	228.90
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 86 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 95.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I12976	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I12977	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 95.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I12978	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	228.90
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 87 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		FEC Identification Number C
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		Amount of Each Disbursement this Period 133.30
Candidate Name				Transaction ID : SB17.I12979	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:					

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		FEC Identification Number C
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		Amount of Each Disbursement this Period 38.30
Candidate Name				Transaction ID : SB17.I12980	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:					

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		FEC Identification Number C
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 001		Amount of Each Disbursement this Period 95.30
Candidate Name				Transaction ID : SB17.I12996	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	266.90
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 88 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 19.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I12998	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 95.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I12999	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 23.10	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13000	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	137.70
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 89 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 95.30		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13001		
Candidate Name		Memo Item <input type="checkbox"/>			
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. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13002		
Candidate Name		Memo Item <input type="checkbox"/>			
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) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13003		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	171.90
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 90 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 95.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I13004
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 38.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I13005
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 95.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I13006
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	228.90
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 91 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 95.30		
Candidate Name		Transaction ID : SB17.I13007			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 95.30		
Candidate Name		Transaction ID : SB17.I13008			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 76.30		
Candidate Name		Transaction ID : SB17.I13009			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	266.90
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 92 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13010	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 19.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13011	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 95.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13012	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	152.90
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 93 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13013		
Candidate Name		Memo Item <input type="checkbox"/>			
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. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 19.30		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13014		
Candidate Name		Memo Item <input type="checkbox"/>			
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) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 4.10		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13015		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	61.70
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 94 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 95.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13016	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13017	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 7.90	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I13018	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	141.50
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 95 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 19.30		
Candidate Name		Transaction ID : SB17.I13019			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 9.80		
Candidate Name		Transaction ID : SB17.I13021			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 9.80		
Candidate Name		Transaction ID : SB17.I13030			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	38.90
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 96 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		FEC Identification Number C
Candidate Name				Amount of Each Disbursement this Period 38.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I13031	
State: District:				<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		FEC Identification Number C
Candidate Name				Amount of Each Disbursement this Period 19.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I13032	
State: District:				<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		FEC Identification Number C
Candidate Name				Amount of Each Disbursement this Period 0.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I13033	
State: District:				<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	58.28
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 97 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 95.30		
Candidate Name		Transaction ID : SB17.I13034			
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 <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 110.50		
Candidate Name		Transaction ID : SB17.I14026			
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 <input type="checkbox"/>		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 38.30		
Candidate Name		Transaction ID : SB17.I14034			
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 <input type="checkbox"/>		
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....▶	244.10
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 98 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		FEC Identification Number C
Candidate Name				Amount of Each Disbursement this Period 57.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I14035	
State: District:				<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		FEC Identification Number C
Candidate Name				Amount of Each Disbursement this Period 110.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I14044	
State: District:				<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC				Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON		State VA	Zip Code 22209		
Purpose of Disbursement CREDIT CARD PROCESSING FEES			Category/ Type 003		FEC Identification Number C
Candidate Name				Amount of Each Disbursement this Period 57.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I14049	
State: District:				<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	225.10
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 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 4.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14067
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 38.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14068
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement CREDIT CARD PROCESSING FEES		003
Candidate Name		Amount of Each Disbursement this Period 19.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I14069
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	61.70
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 100 OF 108	
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 2.20	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I14070	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 0.68	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I14071	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30	
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I14072	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	41.18
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 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 2.20		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I14073		
Candidate Name		Memo Item <input type="checkbox"/>			
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. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 4.10		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I14074		
Candidate Name		Memo Item <input type="checkbox"/>			
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) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22209	Amount of Each Disbursement this Period 38.30		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Transaction ID : SB17.I14075		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	44.60
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 102 OF 108			
	<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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 148.50		
Candidate Name		Transaction ID : SB17.I14076			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 1.25		
Candidate Name		Transaction ID : SB17.I14077			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2021		
Mailing Address 1776 WILSON BLVD SUITE 530					
City ARLINGTON	State VA	Zip Code 22209	FEC Identification Number C		
Purpose of Disbursement CREDIT CARD PROCESSING FEES		Category/ Type 003	Amount of Each Disbursement this Period 110.50		
Candidate Name		Transaction ID : SB17.I14095			
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) ▼		<input type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	260.25
TOTAL This Period (last page this line number only).....▶	59209.14

**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 108	
	<input type="checkbox"/> 17 <input checked="" 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)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. CHEN, ROY, , DR.,		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2021
Mailing Address 7 PHEASANT RUN		FEC Identification Number C
City PORT JEFFERSON STA	State NY	Zip Code 11776
Purpose of Disbursement REFUND OF CONTRIBUTION		010 Category/ Type
Candidate Name		Amount of Each Disbursement this Period 600.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB20A.112971
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	600.00

**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 104 OF 108	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. FRIENDS OF SUZANNE CROUCH			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2021	
Mailing Address P.O. BOX 2960			FEC Identification Number C	
City INDIANAPOLIS	State IN	Zip Code 46206	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.112970	
Candidate Name		Memo Item <input type="checkbox"/>		
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. MARKMESSMER.COM			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2021	
Mailing Address P.O. BOX 438			FEC Identification Number C	
City JASPER	State IN	Zip Code 47547	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement NONFEDERAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.114046	
Candidate Name		Memo Item <input type="checkbox"/>		
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) C. PAUL BROUN FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2021	
Mailing Address PO BOX 6337			FEC Identification Number C C00774778	
City ATHENS	State GA	Zip Code 30604	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement FEDERAL CONTRIBUTION		Category/ Type 011	Transaction ID : SB21.114047	
Candidate Name BROUN, PAUL, C, , M.D.		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: GA District: 10				

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
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 105 OF 108	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. WENDY MCNAMARA FOR STATE REP		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2021
Mailing Address 822 TAWNY DRIVE		FEC Identification Number C
City EVANSVILLE	State IN	Zip Code 47712
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
Candidate Name MCNAMARA, WENDY, , MS.,		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:	Amount of Each Disbursement this Period 500.00	
		Transaction ID : SB21.I14057
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. VIGO COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2021
Mailing Address C/O SHIRLEY J. PADGETT 3291 N. RYANS PLACE		FEC Identification Number C
City W. TERRE HAUTE	State IN	Zip Code 47885
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
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:	Amount of Each Disbursement this Period 1000.00	
		Transaction ID : SB21.I14048
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. OWEN COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2021
Mailing Address 69 E. FRANKLIN STREET		FEC Identification Number C
City SPENCER	State IN	Zip Code 47460
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
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:	Amount of Each Disbursement this Period 1000.00	
		Transaction ID : SB21.I12966
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
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 106 OF 108	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. PERRY COUNTY GOP		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2021
Mailing Address 1005 MAIN STREET		FEC Identification Number C
City TELL CITY	State IN	Zip Code 47586
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
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: _____	Amount of Each Disbursement this Period 1000.00
		Transaction ID : SB21.I14029
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. SMCC		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2021
Mailing Address PO BOX 2182		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46206
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
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: _____	Amount of Each Disbursement this Period 500.00
		Transaction ID : SB21.I14045
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. SPENCER COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2021
Mailing Address 217 MAIN STREET		FEC Identification Number C
City ROCKPORT	State IN	Zip Code 47635
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
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: _____	Amount of Each Disbursement this Period 1000.00
		Transaction ID : SB21.I14030
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
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 107 OF 108	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. SULLIVAN COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2021
Mailing Address P.O. BOX 34 C/O JIM SHARPE		FEC Identification Number C
City FARMERSBURG	State IN	Zip Code 47850
Purpose of Disbursement NONFEDERAL CONTRIBUTION		004
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.I11942
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. VANDERBURGH COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2021
Mailing Address 815 JOHN STREET		FEC Identification Number C
City EVANSVILLE	State IN	Zip Code 47713
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.I13026
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. VERMILLION COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2021
Mailing Address 10300 S 75 W		FEC Identification Number C
City CLINTON	State IN	Zip Code 47842
Purpose of Disbursement NONFEDERAL CONTRIBUTION		011
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.I11955
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
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 108 OF 108			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Bucshon for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2021
Mailing Address 320 FIRST STREET SE		FEC Identification Number C C00075820
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement TRANSFER	Category/Type 011	
Candidate Name		Amount of Each Disbursement this Period 50000.00
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name		Amount of Each Disbursement this Period
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name		Amount of Each Disbursement this Period
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	61500.00