

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

Bob Hamilton for Congress Inc.

ADDRESS (number and street)

PO Box 2625

Check if different than previously reported. (ACC)

Mission

KS

66202

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00743153

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

KS

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2020

through

M M /

D D /

Y Y Y Y 2020

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

Phillips, Robert, , ,

Type or Print Name of Treasurer

Phillips, Robert, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2020

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Bob Hamilton for Congress Inc.

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))....	38410.00	194460.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	38410.00	194460.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2054424.33	2057781.03
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2054424.33	2057781.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1636678.97	
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).....	3525202.40	

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

Bob Hamilton for Congress Inc.

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).....	32600.00	186900.00
(ii) Unitemized.....	5810.00	7560.00
(iii) TOTAL of contributions from individuals ▶	38410.00	194460.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	38410.00	194460.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1500000.00	3500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1500000.00	3500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	1538410.00	3694460.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2054424.33	2057781.03
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	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2054424.33	2057781.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2152693.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1538410.00
25. SUBTOTAL (add Line 23 and Line 24).....	3691103.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2054424.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1636678.97

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 47	
<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"/> 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)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Aberle, Steve, , ,

Mailing Address 4021 CR. 156

City Alvin	State TX	Zip Code 77511
---------------	-------------	-------------------

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

Name of Employer Aberle Plumbing	Occupation Plumber
-------------------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2020

Transaction ID : SA11AI.5752

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 3520 W 95th

City Overland Park	State KS	Zip Code 66206
-----------------------	-------------	-------------------

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

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2020

Transaction ID : SA11AI.5763

Amount of Each Receipt this Period
2800.00

Memo Item

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

Mailing Address 3520 W 95th

City Overland Park	State KS	Zip Code 66206
-----------------------	-------------	-------------------

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

Name of Employer Info Requested	Occupation Info Requested
------------------------------------	------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2020

Transaction ID : SA11AI.5765

Amount of Each Receipt this Period
2800.00

Memo Item

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

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

6600.00

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 47
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Aldridge, David, , ,

Mailing Address 9315 Ballentine Street

City Overland Park State KS Zip Code 66214

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

Name of Employer Bob Hamilton plumbing Occupation Inventory

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 19 / 2020

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period
250.00

Memo Item
Contribution above received through conduit WINRED,
limit not affected

B. Full Name (Last, First, Middle Initial)
Anderson, Paul G, , ,

Mailing Address 6930 White Pine Circle

City Kansas City State MO Zip Code 64152

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2020

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period
250.00

Memo Item
Contribution above received through conduit WINRED,
limit not affected

C. Full Name (Last, First, Middle Initial)
Anderson, Paul G, , ,

Mailing Address 6930 White Pine Circle

City Kansas City State MO Zip Code 64152

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2020

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period
250.00

Memo Item
Contribution above received through conduit WINRED,
limit not affected

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 7 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Brill, David, , ,

Mailing Address 9305 Falcon Ridge Drive

City Lenexa State KS Zip Code 66220

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

Name of Employer Black and Veatch Occupation Engineer

Receipt For: 2020
 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 / 2020

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
500.00

Memo Item
Contribution above received through conduit WINRED, limit not affected

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

Mailing Address 12602 Cherokee Ln.

City Leawood State KS Zip Code 66209

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2020

Transaction ID : SA11AI.5496

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 1234 Main St.

City Columbus State OH Zip Code 43210

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2020

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period
2800.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00

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 47
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Colvin, Rob, , ,

Mailing Address 1234 Main St.

City Columbus State OH Zip Code 43210

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2020

Transaction ID : SA11AI.5482

Amount of Each Receipt this Period
2200.00

Memo Item

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

Mailing Address 3512 North Prospect Way

City Garden City State ID Zip Code 83714

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

Name of Employer Info Requested Occupation Info Requested
Perfect Plumbing and Air Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2020

Transaction ID : SA11AI.5725

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 54899 230th Street

City Glenwood State IA Zip Code 51534

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

Name of Employer Info Requested Occupation Info Requested
Burton Plumbing Services, LLC Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2020

Transaction ID : SA11AI.5754

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3450.00

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 47
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

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

Mailing Address 11317 West 140th Street

City Overland Park State KS Zip Code 66221

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

Name of Employer Data Freight Inc. Occupation Executive

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2020

Transaction ID : SA11AI.5498

Amount of Each Receipt this Period
500.00

Memo Item
Contribution above received through conduit WINRED, limit not affected

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

Mailing Address 11807 West 149th Street

City Olathe State KS Zip Code 66062

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

Name of Employer Self Occupation Realtor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 26 / 2020

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 10005 W 299th St

City Louisburg State KS Zip Code 66053

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 05 / 2020

Transaction ID : SA11AI.5769

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 10 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Hoener, Ross, , ,
 Mailing Address 70424 NE 10th Ave.
 City luka State KS Zip Code 67066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 18 2020
Transaction ID : SA11AI.5777
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Kelly, Julie, , ,
 Mailing Address 14813 Birch Street
 City Leawood State KS Zip Code 66224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Community Volunteer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 21 2020
Transaction ID : SA11AI.5741
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Kindt, Barry, , ,
 Mailing Address 881 Pinetown Road
 City Lewisberry State PA Zip Code 17339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SECCO Home Services & Pronto Plumbing Occupation Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 08 2020
Transaction ID : SA11AI.5756
 Amount of Each Receipt this Period
 2000.00
 Memo Item

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 11 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Kirby, Chad, , ,
 Mailing Address 10823 W 157th Terrace
 City Overland Park State KS Zip Code 66221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burns & McDonnell Occupation Engineer
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2020
Transaction ID : SA11AI.5492
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Klein, Larry, , ,
 Mailing Address 8008 Meadow Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Larry Klein Properties Occupation Owner
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2020
Transaction ID : SA11AI.5500
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Leone, Jeff, , ,
 Mailing Address 360 Captain Lewis Drive
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Air Temp Mechanical Occupation HVAC
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2020
Transaction ID : SA11AI.5758
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1800.00
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 12 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Mackey, Shelly, , ,
 Mailing Address 9124 West 239th Street
 City Bucyrus State KS Zip Code 66013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info Requested Occupation Info Requested
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2020
Transaction ID : SA11AI.5748
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
Mercurio, Keith, , ,
 Mailing Address 1120 South 2nd Street
 City Minneapolis State MN Zip Code 55415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info Requested Occupation Info Requested
 Radiant Consultant
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2020
Transaction ID : SA11AI.5486
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
Miceli, Joseph, , ,
 Mailing Address 17044 S Demi Dr.
 City Village of Loch Lloyd State MO Zip Code 64012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Info Requested Occupation Info Requested
 Construction Brokers, Inc. President
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2020
Transaction ID : SA11AI.5502
 Amount of Each Receipt this Period
 250.00
 Memo Item

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Neighbors, Nancy, , ,

Mailing Address 26035 W. 73 St.

City Shawnee State KS Zip Code 66227

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

Name of Employer Neighbors Construction Occupation General Contractor

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2020

Transaction ID : SA11AI.5723

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 15423 W 100th Terr

City Lenexa State KS Zip Code 66219

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

Name of Employer Oddo Development Occupation Owner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2020

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period
 2800.00

Memo Item

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

Mailing Address 15423 W 100th Terr

City Lenexa State KS Zip Code 66219

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

Name of Employer Blue Valley Schools Occupation Teacher

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2020

Transaction ID : SA11AI.5477

Amount of Each Receipt this Period
 2800.00

Memo Item

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

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

6600.00

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

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

FOR LINE NUMBER: PAGE 14 OF 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Pankey, Donny, , ,

Mailing Address 22421 S Roosevelt St

City Spring Hill State KS Zip Code 66083

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

Name of Employer Self Occupation Plumber

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2020

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period
 _____ 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Riggs, James, , , III

Mailing Address 1014 S Collier Blvd
Unit E123

City Marco Island State FL Zip Code 34145

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2020

Transaction ID : SA11AI.5771

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

Mailing Address 3732 West 223rd Street

City Bucyrus State KS Zip Code 66013

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

Name of Employer Retired Occupation Retired

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2020

Transaction ID : SA11AI.5488

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ _____ 1300.00

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 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Weinand, Bernard, , ,

Mailing Address 2023 Condolea Dr

City Leawood State KS Zip Code 66209

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

Name of Employer Blackwood, Langworthy & Tyson Occupation Attorney

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2020

Transaction ID : SA11AI.5781

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 9410 Lee Boulevard

City Leawood State KS Zip Code 66206

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

Name of Employer Clarkson Construction Occupation Engineer

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2020

Transaction ID : SA11AI.5484

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1870.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2020

Transaction ID : SA11AI.5102

Amount of Each Receipt this Period
 1870.00

Memo Item
 Unitemized contributions received through conduit, limit not affected

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 16 OF 47
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3620.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2020

Transaction ID : SA11AI.5104

Amount of Each Receipt this Period
1750.00

Memo Item
Itemized contributions received through conduit, limit not affected

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

Mailing Address 29668 W Lakeview Cir

City Spring Hill State KS Zip Code 66083

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

Name of Employer Occupation
Self Farming

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2020

Transaction ID : SA11AI.5768

Amount of Each Receipt this Period
1000.00

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	32600.00

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 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial)
Hamilton, Bob, , ,

Mailing Address PO Box 2625

City Mission State KS Zip Code 66202

FEC ID number of contributing federal political committee. **C** SOKS00349

Name of Employer Self Occupation Candidate for U.S. Senate

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3502800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2020

Transaction ID : SA13A.5333

Amount of Each Receipt this Period
1500000.00

Memo Item
 Loan

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).....▶	1500000.00
TOTAL This Period (last page this line number only).....▶	1500000.00

**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 18 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2020
Mailing Address 10202 Perkins Rowe		FEC Identification Number C
City Baton Rouge	State LA	Zip Code 70810
Purpose of Disbursement Credit Card Processing	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 543.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4378 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 15000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4308 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) c. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 10025.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4309 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	25568.50
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 19 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Print Expense		006
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3125.55
State: District:		Transaction ID : SB17.4349 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Bumper Stickers		006
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 800.00
State: District:		Transaction ID : SB17.4350 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Reimbursement Travel & Staffing		002
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 8290.05
State: District:		Transaction ID : SB17.4368 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	12215.60
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 20 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Staff Relocation	Category/ Type 001	
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: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4369 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Print Ads	Category/ Type 004	
Candidate Name	Amount of Each Disbursement this Period 25932.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4313 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement General Campaign Consulting	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 26313.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4316 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	53245.99
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 21 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Axiom Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 26155.68		
Purpose of Disbursement Print Ads		Category/ Type 004	Transaction ID : SB17.4320		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Axiom Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 25354.00		
Purpose of Disbursement Print Ads		Category/ Type 004	Transaction ID : SB17.4321		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Axiom Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 24501.00		
Purpose of Disbursement Print Ads		Category/ Type 004	Transaction ID : SB17.4322		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	76010.68
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 22 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Print Ads		004
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 22871.00
State: District:		Transaction ID : SB17.4323 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Print Expense		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 380.00
State: District:		Transaction ID : SB17.4324 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Axiom Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2020
Mailing Address 800 W 47th Street		FEC Identification Number C
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Print Ads		004
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 14229.65
State: District:		Transaction ID : SB17.4375 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	37480.65
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 23 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Ax Media		Date of Disbursement
Mailing Address 800 W 47th Street		M M / D D / Y Y Y Y 04 / 30 / 2020
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Media Buy	004	
Candidate Name		FEC Identification Number C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 257395.32
State: District:		Transaction ID : SB17.4336 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Ax Media		Date of Disbursement
Mailing Address 800 W 47th Street		M M / D D / Y Y Y Y 05 / 13 / 2020
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Media Buy	004	
Candidate Name		FEC Identification Number C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 82869.69
State: District:		Transaction ID : SB17.4338 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Ax Media		Date of Disbursement
Mailing Address 800 W 47th Street		M M / D D / Y Y Y Y 05 / 19 / 2020
City Kansas City	State MO	Zip Code 64112
Purpose of Disbursement Media Buy	004	
Candidate Name		FEC Identification Number C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 135732.92
State: District:		Transaction ID : SB17.4339 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	475997.93
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 24 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Ax Media			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 117048.88		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.4342		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Ax Media			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 198791.04		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.4343		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Ax Media			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 191651.96		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.4344		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	507491.88
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 25 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Ax Media			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 66110.35		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.4345		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Ax Media			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 260134.55		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.4346		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Ax Media			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2020		
Mailing Address 800 W 47th Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 216552.31		
Purpose of Disbursement Media Buy		Category/ Type 004	Transaction ID : SB17.4348		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	542797.21
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 26 OF 47	
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2020	
Mailing Address 3521 Knipp Drive			FEC Identification Number C	
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00	
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4300	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2020	
Mailing Address 3521 Knipp Drive			FEC Identification Number C	
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00	
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4302	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2020	
Mailing Address 3521 Knipp Drive			FEC Identification Number C	
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00	
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4303	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	9750.00
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 27 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4376		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4306		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4314		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	9750.00
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 28 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 1870.44		
Purpose of Disbursement Travel Expense Reimbursement		Category/ Type 002	Transaction ID : SB17.4371		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 791.20		
Purpose of Disbursement Mileage		Category/ Type 002	Transaction ID : SB17.4371.0		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4317		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5120.44
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 29 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Burns, Casey, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020		
Mailing Address 3521 Knipp Drive			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65109	Amount of Each Disbursement this Period 3250.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4326		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Cannon Research Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2020		
Mailing Address 800 W 47th Street Ste 200			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64112	Amount of Each Disbursement this Period 14000.00		
Purpose of Disbursement Oppo Research		Category/ Type 001	Transaction ID : SB17.4366		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Cherbourg Strategies			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020		
Mailing Address 7205 Grover Ave			FEC Identification Number C		
City Austin	State TX	Zip Code 78757	Amount of Each Disbursement this Period 750.00		
Purpose of Disbursement Strategy Consulting		Category/ Type 001	Transaction ID : SB17.4312		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	18000.00
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 30 OF 47	
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Cherbourg Strategies			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020	
Mailing Address 7205 Grover Ave			FEC Identification Number C	
City Austin	State TX	Zip Code 78757	Amount of Each Disbursement this Period 4478.24	
Purpose of Disbursement Expense Reimbursement		Category/ Type 002	Transaction ID : SB17.4370	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2020	
Mailing Address 2702 Love Field Drive			FEC Identification Number C	
City Dallas	State TX	Zip Code 75235	Amount of Each Disbursement this Period 1632.92	
Purpose of Disbursement Travel Flight Expense		Category/ Type 002	Transaction ID : SB17.4370.0	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Marriott			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2020	
Mailing Address 10400 Fernwood Road			FEC Identification Number C	
City Bethesda	State MD	Zip Code 20817	Amount of Each Disbursement this Period 314.32	
Purpose of Disbursement Travel Room Expense		Category/ Type 002	Transaction ID : SB17.4370.1	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4478.24
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 31 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Sheraton			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2020		
Mailing Address 1111 Westchester Ave			FEC Identification Number C		
City White Plains	State NY	Zip Code 10604	Amount of Each Disbursement this Period 372.70		
Purpose of Disbursement Travel Room Expense		Category/ Type 002	Transaction ID : SB17.4370.2		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Ellinger & Associates			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020		
Mailing Address 308 E High Street			FEC Identification Number C		
City Jefferson City	State MO	Zip Code 65101	Amount of Each Disbursement this Period 810.00		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : SB17.4297		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Graves Garrett			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020		
Mailing Address 1100 Main Street			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64105	Amount of Each Disbursement this Period 25728.11		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : SB17.4298		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	26538.11
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 32 OF 47	
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. HenryAlan, LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2020	
Mailing Address 75 S High Street Ste 4			FEC Identification Number C	
City Dublin	State OH	Zip Code 43017	Amount of Each Disbursement this Period 2713.00	
Purpose of Disbursement Accounting & Compliance		Category/ Type 001	Transaction ID : SB17.4289	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HenryAlan, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020	
Mailing Address 75 S High Street Ste 4			FEC Identification Number C	
City Dublin	State OH	Zip Code 43017	Amount of Each Disbursement this Period 2688.75	
Purpose of Disbursement Accounting & Compliance		Category/ Type 001	Transaction ID : SB17.4291	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. HenryAlan, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2020	
Mailing Address 75 S High Street Ste 4			FEC Identification Number C	
City Dublin	State OH	Zip Code 43017	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Accounting & Compliance		Category/ Type 001	Transaction ID : SB17.4292	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7401.75
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 33 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Isaac Alongi Studios			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020		
Mailing Address 12340 S Pflumm Rd.			FEC Identification Number C		
City Olathe	State KS	Zip Code 66062	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Photo Shoot		Category/ Type 006	Transaction ID : SB17.4311		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Lathrop GPM			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020		
Mailing Address 2345 Grand Blvd			FEC Identification Number C		
City Kansas City	State MO	Zip Code 64108	Amount of Each Disbursement this Period 9144.00		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : SB17.4299		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Lucille's Diner			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2020		
Mailing Address 1286 W Amity St			FEC Identification Number C		
City Louisburg	State KS	Zip Code 66053	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Event Food & Beverage		Category/ Type 007	Transaction ID : SB17.4332		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	12644.00
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 34 OF 47	
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Miller, Garrett, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2020
Mailing Address 800 New Hampshire Street		FEC Identification Number C
City Lawrence	State KS	Zip Code 66044
Purpose of Disbursement Contractor Campaign Staff	001 Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 1750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4304 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Miller, Garrett, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2020
Mailing Address 800 New Hampshire Street		FEC Identification Number C
City Lawrence	State KS	Zip Code 66044
Purpose of Disbursement Contractor Campaign Staff	001 Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 1750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4307 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Miller, Garrett, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2020
Mailing Address 800 New Hampshire Street		FEC Identification Number C
City Lawrence	State KS	Zip Code 66044
Purpose of Disbursement Contractor Campaign Staff	001 Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 1750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4315 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5250.00
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 35 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Miller, Garrett, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 800 New Hampshire Street			FEC Identification Number C		
City Lawrence	State KS	Zip Code 66044	Amount of Each Disbursement this Period 1750.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4318		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Miller, Garrett, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2020		
Mailing Address 800 New Hampshire Street			FEC Identification Number C		
City Lawrence	State KS	Zip Code 66044	Amount of Each Disbursement this Period 1750.00		
Purpose of Disbursement Contractor Campaign Staff		Category/ Type 001	Transaction ID : SB17.4325		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Mustard Seed			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2020		
Mailing Address 150 West Market Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 10000.00		
Purpose of Disbursement Fundraising Services		Category/ Type 003	Transaction ID : SB17.4334		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	13500.00
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 36 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Single Source		Date of Disbursement
Mailing Address 13915 W 107th Street		M M / D D / Y Y Y Y 06 / 19 / 2020
City Lenexa	State KS	Zip Code 66215
Purpose of Disbursement Print Expense		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 237.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4373
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Something Else Strategies		Date of Disbursement
Mailing Address 21 Golden Willow Court		M M / D D / Y Y Y Y 05 / 20 / 2020
City Easley	State SC	Zip Code 29642
Purpose of Disbursement Media Production		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 8650.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4358
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Something Else Strategies		Date of Disbursement
Mailing Address 21 Golden Willow Court		M M / D D / Y Y Y Y 05 / 20 / 2020
City Easley	State SC	Zip Code 29642
Purpose of Disbursement Media Production		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 8315.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4360
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	17202.29
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 37 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Something Else Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2020		
Mailing Address 21 Golden Willow Court			FEC Identification Number C		
City Easley	State SC	Zip Code 29642	Amount of Each Disbursement this Period 15365.00		
Purpose of Disbursement Media Production		Category/ Type 006	Transaction ID : SB17.4361		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Something Else Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2020		
Mailing Address 21 Golden Willow Court			FEC Identification Number C		
City Easley	State SC	Zip Code 29642	Amount of Each Disbursement this Period 46322.19		
Purpose of Disbursement Media Production		Category/ Type 006	Transaction ID : SB17.4362		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Something Else Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 21 Golden Willow Court			FEC Identification Number C		
City Easley	State SC	Zip Code 29642	Amount of Each Disbursement this Period 13655.00		
Purpose of Disbursement Media Production		Category/ Type 006	Transaction ID : SB17.4363		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	75342.19
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 38 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. Something Else Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020		
Mailing Address 21 Golden Willow Court			FEC Identification Number C		
City Easley	State SC	Zip Code 29642	Amount of Each Disbursement this Period 33895.61		
Purpose of Disbursement Media Production		Category/ Type 006	Transaction ID : SB17.4364		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Something Else Strategies			Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2020		
Mailing Address 21 Golden Willow Court			FEC Identification Number C		
City Easley	State SC	Zip Code 29642	Amount of Each Disbursement this Period 7890.00		
Purpose of Disbursement Media Production		Category/ Type 006	Transaction ID : SB17.4365		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2020		
Mailing Address 150 W Market Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 10375.41		
Purpose of Disbursement Digital Ad Buy		Category/ Type 004	Transaction ID : SB17.4328		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	52161.02
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 39 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2020		
Mailing Address 150 W Market Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 30000.00		
Purpose of Disbursement Digital Ad Buy		Category/ Type 004	Transaction ID : SB17.4329		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 150 W Market Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 9500.00		
Purpose of Disbursement Web Design and Digital Services		Category/ Type 001	Transaction ID : SB17.4327		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2020		
Mailing Address 150 W Market Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 10000.00		
Purpose of Disbursement Digital Ad Buy		Category/ Type 004	Transaction ID : SB17.4330		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	49500.00
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 40 OF 47			
	<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)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. The Prosper Group			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2020		
Mailing Address 150 W Market Street			FEC Identification Number C		
City Indianapolis	State IN	Zip Code 46204	Amount of Each Disbursement this Period 138.84		
Purpose of Disbursement Digital Ad Buy		Category/ Type 004	Transaction ID : SB17.4331		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WPAI			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2020		
Mailing Address 1319 Classen Drive			FEC Identification Number C		
City Oklahoma City	State OK	Zip Code 73103	Amount of Each Disbursement this Period 15730.00		
Purpose of Disbursement Polling Services		Category/ Type 005	Transaction ID : SB17.4355		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. WPAI			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2020		
Mailing Address 1319 Classen Drive			FEC Identification Number C		
City Oklahoma City	State OK	Zip Code 73103	Amount of Each Disbursement this Period 550.00		
Purpose of Disbursement Polling Services		Category/ Type 005	Transaction ID : SB17.4356		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	16418.84
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

Full Name (Last, First, Middle Initial) A. WPAI		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2020
Mailing Address 1319 Classen Drive		FEC Identification Number C
City Oklahoma City	State OK	Zip Code 73103
Purpose of Disbursement Polling Services	Category/ Type 005	
Candidate Name	Amount of Each Disbursement this Period 275.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4357
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).....▶	275.00
TOTAL This Period (last page this line number only).....▶	2054140.32

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Bob Hamilton for Congress Inc.** Transaction ID : **SC/10.4099**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hamilton, Bob, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 2625			
City Mission	State KS	ZIP Code 66202	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000000.00
---------------------------------------	------------------------------------	---

TERMS	Date Incurred M 03 / D 30 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	2000000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Bob Hamilton for Congress Inc.** Transaction ID : **SC/10.5333**

LOAN SOURCE Full Name (Last, First, Middle Initial) Hamilton, Bob, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 2625			
City Mission	State KS	ZIP Code 66202	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500000.00
---------------------------------------	------------------------------------	---

TERMS	Date Incurred M 06 / D 24 / Y 2020	Date Due M M / D D / Y 12/31/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	1500000.00
TOTALS This Period (last page in this line only).....▶	3500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International			Nature of Debt (Purpose): Database Services
Mailing Address 205 Pennsylvania Ave SE			
City Washington	State DC	Zip Code 20003	

Outstanding Balance Beginning This Period 1950.00		Transaction ID : SD10.4276	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1950.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies			Nature of Debt (Purpose): Reimbursement Travel & Staffing
Mailing Address 800 W 47th Street			
City Kansas City	State MO	Zip Code 64112	

Outstanding Balance Beginning This Period 8290.05		Transaction ID : SD10.4280	
Amount Incurred This Period 0.00	Payment This Period 8290.05	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cherbourg Strategies			Nature of Debt (Purpose): Strategy Consulting
Mailing Address 7205 Grover Ave			
City Austin	State TX	Zip Code 78757	

Outstanding Balance Beginning This Period 750.00		Transaction ID : SD10.4282	
Amount Incurred This Period 0.00	Payment This Period 750.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)	▶	1950.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ellinger & Associates			Nature of Debt (Purpose): Legal Fees
Mailing Address 308 E High Street			
City Jefferson City	State MO	Zip Code 65101	

Outstanding Balance Beginning This Period 810.00	Transaction ID : SD10.4274	
Amount Incurred This Period 0.00	Payment This Period 810.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Graves Garrett			Nature of Debt (Purpose): Legal Fees
Mailing Address 1100 Main Street			
City Kansas City	State MO	Zip Code 64105	

Outstanding Balance Beginning This Period 25728.11	Transaction ID : SD10.4278	
Amount Incurred This Period 0.00	Payment This Period 25728.11	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Isaac Alongi Studios			Nature of Debt (Purpose): Photo Shoot
Mailing Address 12340 S Pflumm Rd.			
City Olathe	State KS	Zip Code 66062	

Outstanding Balance Beginning This Period 2500.00	Transaction ID : SD10.4286	
Amount Incurred This Period 0.00	Payment This Period 2500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lathrop GPM			Nature of Debt (Purpose): Legal Fees
Mailing Address 2345 Grand Blvd			
City Kansas City	State MO	Zip Code 64108	

Outstanding Balance Beginning This Period 9144.00	Transaction ID : SD10.4284	
Amount Incurred This Period 0.00	Payment This Period 9144.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Something Else Strategies			Nature of Debt (Purpose): Media Production
Mailing Address 21 Golden Willow Court			
City Easley	State SC	Zip Code 29642	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5783	
Amount Incurred This Period 22803.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 22803.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group			Nature of Debt (Purpose): Web Design & Digital Services
Mailing Address 150 W Market Street			
City Indianapolis	State IN	Zip Code 46204	

Outstanding Balance Beginning This Period 9500.00	Transaction ID : SD10.4270	
Amount Incurred This Period 0.00	Payment This Period 9500.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	▶	22803.40
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Bob Hamilton for Congress Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group			Nature of Debt (Purpose): Web Design
Mailing Address 150 W Market Street			
City Indianapolis	State IN	Zip Code 46204	

Outstanding Balance Beginning This Period 199.00	Transaction ID : SD10.4273	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 199.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WPAI			Nature of Debt (Purpose): Polling Expense
Mailing Address 1319 Classen Drive			
City Oklahoma City	State OK	Zip Code 73103	

Outstanding Balance Beginning This Period 15730.00	Transaction ID : SD10.4268	
Amount Incurred This Period 0.00	Payment This Period 15730.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WPAI			Nature of Debt (Purpose): Polling Services
Mailing Address 1319 Classen Drive			
City Oklahoma City	State OK	Zip Code 73103	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5782	
Amount Incurred This Period 250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.00

1) SUBTOTALS This Period This Page (optional)	▶	449.00
2) TOTALS This Period (last page this line number only)	▶	25202.40
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	3500000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	3525202.40