

# 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.

Bucshon for Congress

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CITY  STATE  ZIP CODE  STATE  DISTRICT

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  /  /  in the State of

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

General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period   /  /  through   /  /

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

Type or Print Name of Treasurer Mr. John L. Wright

Signature of Treasurer Mr. John L. Wright **[Electronically Filed]** Date   /  /

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Bucshon for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 208784.95               | 854665.55                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 1300.00                 | 7300.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 207484.95               | 847365.55                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 86557.48                | 511215.01                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 1736.10                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 86557.48                | 509478.91                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 386851.21               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 23364.74                |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Bucshon for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 94940.00                              | 435489.60                                  |
| (ii) Unitemized.....   | 5285.00                               | 25316.00                                   |
| (iii) TOTAL of contributions from individuals ▶  | 100225.00                             | 460805.60                                  |
| (b) Political Party Committees.....  | 5000.00                               | 5000.00                                    |
| (c) Other Political Committees (such as PACs).....   | 103559.95                             | 388859.95                                  |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 208784.95                             | 854665.55                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 0.00                                  | 1589.56                                    |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                                  | 0.00                                       |
| (b) All Other Loans.....   | 0.00                                  | 0.00                                       |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                                  | 0.00                                       |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | 0.00                                  | 1736.10                                    |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>  | 0.00                                  | 249.09                                     |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 208784.95                             | 858240.30                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 86557.48                      | 511215.01                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 53500.00                           |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 53500.00                           |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 1300.00                       | 1800.00                            |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 5500.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1300.00                       | 7300.00                            |
| 21. OTHER DISBURSEMENTS .....  | 500.00                        | 6250.00                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 88357.48                      | 578265.01                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 266423.74 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 208784.95 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 475208.69 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 88357.48  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 386851.21 |

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

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

FOR LINE NUMBER: PAGE 5 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Santiago Arruffat**

Mailing Address 6321 Chestnut Court

City State Zip Code  
Evansville IN 47715

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

Name of Employer Occupation  
Ohio Valley Colon Rectal Surg. Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11500**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Alex M. Azar II**

Mailing Address 7430 N. Washington Blvd.

City State Zip Code  
Indianapolis IN 46240-3090

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

Name of Employer Occupation  
Eli Lilly and Company VP-Managed Healthcare Services & P.R.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11157**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4400 Stringtown Road

City State Zip Code  
Evansville IN 47711

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11AI.11779**

Amount of Each Receipt this Period  
500.00

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

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

1200.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 6 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. William W. Barrett</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 01 / 2012 |
| Mailing Address 210 Adrienne Drive  |  | <b>Transaction ID : SA11AI.11060</b>                         |
| City State Zip Code<br>Greenwood IN 46142   | Amount of Each Receipt this Period<br>250.00 |  |
| FEC ID number of contributing federal political committee. C  |  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Williams Barrett & Wilkowski  | Occupation<br>Attorney                       |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mrs. Amy B. Barron</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 29 / 2012 |
| Mailing Address 13109 Pondella Drive  |   | <b>Transaction ID : SA11AI.11723</b>                         |
| City State Zip Code<br>Evansville IN 47725  | Amount of Each Receipt this Period<br>1500.00 |  |
| FEC ID number of contributing federal political committee. C  |   | Amount of Each Receipt this Period<br>1500.00                |
| Name of Employer<br>United Leasing, Inc.  | Occupation<br>Vice-President                  |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>5000.00             |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Joshua J. Barron</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 29 / 2012 |
| Mailing Address 13109 Pondella Drive  |   | <b>Transaction ID : SA11AI.11724</b>                         |
| City State Zip Code<br>Evansville IN 47725  | Amount of Each Receipt this Period<br>2500.00 |  |
| FEC ID number of contributing federal political committee. C  |   | Amount of Each Receipt this Period<br>2500.00                |
| Name of Employer<br>TMMI  | Occupation<br>Group Leader                    |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00             |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 4250.00 |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Cindy Maiden Basinski**

Mailing Address 5767 Newburgh Road

City: Evansville State: IN Zip Code: 47715

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

Name of Employer: Self Employed Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3500.00

Date of Receipt: 06 / 05 / 2012

**Transaction ID : SA11AI.11501**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 1533 Larkinwood Lane

City: Evansville State: IN Zip Code: 47715

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

Name of Employer: Self Employed Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 23 / 2012

**Transaction ID : SA11AI.11362**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1533 Larkinwood Lane

City: Evansville State: IN Zip Code: 47715

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

Name of Employer: Self Employed Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 750.00

Date of Receipt: 06 / 27 / 2012

**Transaction ID : SA11AI.11772**

Amount of Each Receipt this Period: 250.00

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

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

1750.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Wilbur L. Bontrager**

Mailing Address 13545 County Road 12

City Middlebury State IN Zip Code 46540-8706

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

Name of Employer Jayco, Inc. Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11AI.11173**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Patrick H. Boyle**

Mailing Address 2603 Wildwood Lane

City Winona Lake State IN Zip Code 46590-1742

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

Name of Employer Miller's Health Systems, Inc. Occupation President & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.111790**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Angela Fick Braly**

Mailing Address 832 Alverna Drive

City Indianapolis State IN Zip Code 46260-4955

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

Name of Employer Wellpoint, Inc. Occupation President & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11159**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Donald Ray Breivogel Jr.**

Mailing Address 8227 Larch Lane

City Evansville State IN Zip Code 47710

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

Name of Employer Springleaf Finance, Inc. Occupation Accountant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : SA11AI.11770**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. David S. Brokaw**

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Ortho Indy Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11165**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 12032 Clay Center Road

City Carmel State IN Zip Code 46032-9562

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

Name of Employer Merrill Lynch Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : SA11AI.11079**

Amount of Each Receipt this Period  
2000.00

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

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

3500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 10 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Amanda S. Burry**

Mailing Address 2035 Duffers Lane

City Evansville State IN Zip Code 47725

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11678**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Diane M. Buyer**

Mailing Address 1060 E. 86th Street Suite 59

City Indianapolis State IN Zip Code 46240

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

Name of Employer Self Employed Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.11745**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David J. Carlson**

Mailing Address 409 E. Meade

City Evansville State IN Zip Code 47715

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

Name of Employer Evansville Surgical Associates Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11403**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 11 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David J. Carlson**

Mailing Address 409 E. Meade

City State Zip Code  
Evansville IN 47715

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

Name of Employer Occupation  
Evansville Surgical Associates Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11429**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4149 Rosewood Avenue

City State Zip Code  
Evansville IN 47711

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

Name of Employer Occupation  
Ohio Valley Pathologists Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11505**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Helen W. Christian**

Mailing Address 11620 Blue Grass Road

City State Zip Code  
Evansville IN 47725

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11507**

Amount of Each Receipt this Period  
150.00

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

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

750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Karen Cinelli**

Mailing Address 9910 Oglesby Drive

City Evansville State IN Zip Code 47720

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11508**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew C. Coats**

Mailing Address 1441 Layman Street

City McLean State VA Zip Code 22101

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

Name of Employer Liberty Partners Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11669**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Carl I. Cohen**

Mailing Address 2470 Deborah Drive

City Beachwood State OH Zip Code 44122

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

Name of Employer KJB, Inc. Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11091**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 13 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 3388 Old Hickory Drive

City State Zip Code  
Newburgh IN 47630-8347

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

Name of Employer Occupation  
American General Finance Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : SA11AI.11774**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Willis R. Conner**

Mailing Address 7260 Shadeland Station

City State Zip Code  
Indianapolis IN 46256

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

Name of Employer Occupation  
American Structurepoint Inc. President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2012

**Transaction ID : SA11AI.11023**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas J. Costakis**

Mailing Address 8076 Heyward Drive

City State Zip Code  
Indianapolis IN 46250

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

Name of Employer Occupation  
Krieg DeVault LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2012

**Transaction ID : SA11AI.11177**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Timothy Eric Craig**

Mailing Address 4641 Brighton Court

City State Zip Code  
Newburgh IN 47630-8799

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

Name of Employer Occupation  
St. Mary's Anesthesiology Grp Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11AI.11514**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Renn J. Crichlow**

Mailing Address 8450 Northwest Blvd.

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Ortho Indy Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11AI.11156**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Deborah J. Daniels**

Mailing Address 7304 Riley Court

City State Zip Code  
Indianapolis IN 46250

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

Name of Employer Occupation  
Krieg DeVault LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2012

**Transaction ID : SA11AI.11175**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 15 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Tracey J. David**

Mailing Address 6500 David Drive

City Evansville State IN Zip Code 47720-3663

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11708**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2277 E. Highway 62

City Boonville State IN Zip Code 47601

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

Name of Employer Information Requested Occupation Information Requested  
 St. Mary's Medical Center Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11AI.11524**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1212 Emerald Viking Court

City Westfield State IN Zip Code 46074

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

Name of Employer Information Requested Occupation Information Requested  
 Indiana Orthopaedic Hospital Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11109**

Amount of Each Receipt this Period  
 1000.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Douglas Doty**

Mailing Address 3700 Washington Ave.  
7767 Marywood Dr.

City Evansville State IN Zip Code 47750

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

Name of Employer St. Mary's Anesthesiology Grp Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11455**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Omar M. Dukar**

Mailing Address 1020 West Buena Vista Road

City Evansville State IN Zip Code 47710

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

Name of Employer The Eye Group Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11687**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 285 Cedar Lane

City Spencer State IN Zip Code 47460

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : SA11AI.11034**

Amount of Each Receipt this Period  
50.00

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

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

1550.00



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 17 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. G. Richard Eykamp**

Mailing Address PO Box 4915

City: Evansville State: IN Zip Code: 47724

FEC ID number of contributing federal political committee: C

Name of Employer: Mid States Rubber Co. Occupation: Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 06 / 29 / 2012

**Transaction ID : SA11AI.11692**

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Jack Farr II**

Mailing Address 5287 N RD 400W

City: Bargersville State: IN Zip Code: 46106

FEC ID number of contributing federal political committee: C

Name of Employer: Orthopaedics Indianapolis Inc. Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2012

**Transaction ID : SA11AI.11145**

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Barbara J. Fehsenfeld**

Mailing Address 149 Willowgate Lane

City: Indianapolis State: IN Zip Code: 46280

FEC ID number of contributing federal political committee: C

Name of Employer: N/A Occupation: Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 06 / 29 / 2012

**Transaction ID : SA11AI.11694**

Amount of Each Receipt this Period: 2500.00

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

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

3750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 18 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>Mr. Fred M. Fehsenfeld Sr.</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 29 / 2012 |   |
| Mailing Address 149 Willowgate Lane   |                                   | <b>Transaction ID : SA11AI.11696</b>                     |   |
| City<br>Indianapolis  | State<br>IN                       | Zip Code<br>46260  | Amount of Each Receipt this Period<br>2500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |   |
| Name of Employer<br>Asphalt Materials, Inc.   | Occupation<br>CEO                 |  |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>4900.00 |  |   |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Dr. David A. Fisher</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012 |  |
| Mailing Address 8450 Northwest Blvd.  |                                   | <b>Transaction ID : SA11AI.11164</b>                     |  |
| City<br>Indianapolis  | State<br>IN                       | Zip Code<br>46278  | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |  |
| Name of Employer<br>Ortho Indy  | Occupation<br>Orthopaedic Surgeon |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500.00  |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>Mr. Timothy Flesch</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>04 / 30 / 2012 |  |
| Mailing Address 7355 Parkridge Road   |                                   | <b>Transaction ID : SA11AI.11055</b>                     |  |
| City<br>Newburgh  | State<br>IN                       | Zip Code<br>47630  | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C   |                                   |  |  |
| Name of Employer<br>St. Mary's Health System  | Occupation<br>Management          |  |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00 |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 19 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Timothy Flesch**

Mailing Address 7355 Parkridge Road

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
St. Mary's Health System Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.11058**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 631 S. Willow Road

City State Zip Code  
Evansville IN 47714-1922

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

Name of Employer Occupation  
Bamberger Foreman Oswald Hahn Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : SA11AI.10898**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3403 S. Overlook Pass

City State Zip Code  
New Palestine IN 46163

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

Name of Employer Occupation  
Miller's Health Systems Inc. Senior VP - Development

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : SA11AI.11378**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 20 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark J. Fuson**

Mailing Address 4220 Hulman Street

City State Zip Code  
Terre Haute IN 47803

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

Name of Employer Occupation  
Fuson Buick Cadillac GMC Automobile Dealer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2012

**Transaction ID : SA11AI.11188**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 8712 Whetstone Road

City State Zip Code  
Evansville IN 47725

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

Name of Employer Occupation  
American General Finance Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11AI.11518**

Amount of Each Receipt this Period  
150.00

Refunded \$150

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

Mailing Address 612 E. 13th Street

City State Zip Code  
Indianapolis IN 46202

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

Name of Employer Occupation  
Ice Miller LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2012

**Transaction ID : SA11AI.11768**

Amount of Each Receipt this Period  
1000.00

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

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

1250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Cary L. Hanni**

Mailing Address 31 Oak Meadow Road

City: Evansville State: IN Zip Code: 47725

FEC ID number of contributing federal political committee: C

Name of Employer: Evansville Surgical Associates Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 25 / 2012

**Transaction ID : SA11AI.11382**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Hart N. Hasten**

Mailing Address 901 Roundtable Court

City: Indianapolis State: IN Zip Code: 46260-4959

FEC ID number of contributing federal political committee: C

Name of Employer: Hasten Bancorp Occupation: Chairman & CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 07 / 2012

**Transaction ID : SA11AI.11110**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Dale R. Hawk**

Mailing Address 147 Water Oak Drive

City: Ponte Vedra Beach State: FL Zip Code: 32082

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 310.00

Date of Receipt: 05 / 25 / 2012

**Transaction ID : SA11AI.11411**

Amount of Each Receipt this Period: 310.00

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

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

1810.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ms. Martha Head</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 25 / 2012 |
| Mailing Address 1616 W 22nd Street  |                                  | <b>Transaction ID : SA11AI.11457</b>                         |
| City<br>Minneapolis   | State<br>MN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>300.00                 |
| Name of Employer<br>Self Employed   | Occupation<br>Business Owner     |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>300.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Edward J. Hellman</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 07 / 2012 |
| Mailing Address 8450 Northwest Blvd.  |                                   | <b>Transaction ID : SA11AI.11150</b>                         |
| City<br>Indianapolis  | State<br>IN                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Ortho Indy  | Occupation<br>Orthopaedic Surgeon |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00  |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr. Melanie Helms</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 20 / 2012 |
| Mailing Address 2400 Knob Hill Drive  |                                   | <b>Transaction ID : SA11AI.11568</b>                         |
| City<br>Evansville  | State<br>IN                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00                |
| Name of Employer<br>Self Employed   | Occupation<br>Physician           |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1550.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 23 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Lee E. Hoagland**

Mailing Address 5922 Cypress Pointe Drive

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
Evansville Radiology Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : SA11AI.11364**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 42 Park Ridge Drive

City State Zip Code  
Mt. Vernon IN 47620

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

Name of Employer Occupation  
Plastic Reclaiming Solutions Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : SA11AI.11766**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Deborah Messick Hohlt**

Mailing Address 7901 Kent Road

City State Zip Code  
Alexandria VA 22308-1328

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11662**

Amount of Each Receipt this Period  
1000.00

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

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

1750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 24 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 1521 Larkinwood Lane

City Evansville State IN Zip Code 47715

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

Name of Employer St. Mary's Medical Center Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11519**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2311 Newbury Court

City Zionsville State IN Zip Code 46077-2200

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

Name of Employer Indiana Orthopaedic Hospital Occupation Physiatrist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11148**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 302 Dawn Estates Drive

City Middlebury State IN Zip Code 46540-9090

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11AI.11167**

Amount of Each Receipt this Period  
250.00

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

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

1750.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 25 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>JMA LLC</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 25 / 2012 |
| Mailing Address 57073 Copper CV   |                                  | <b>Transaction ID : SA11AI.11476</b>                         |
| City<br>Elkhart   | State<br>IN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer  | Occupation                       | Partnership  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Mr. Michael H. Schoeffler</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 25 / 2012 |
| Mailing Address 57073 Copper DV   |                                  | <b>Transaction ID : SA11AI.11476.0</b>                       |
| City<br>Elkhart   | State<br>IN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Evergreen RV  | Occupation<br>CEO                | [MEMO ITEM]  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Mr. Thomas A. John</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 07 / 2012 |
| Mailing Address 2015 North Delaware Street  |                                  | <b>Transaction ID : SA11AI.11163</b>                         |
| City<br>Indianapolis  | State<br>IN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>500.00                 |
| Name of Employer<br>Ice Miller  | Occupation<br>Attorney           |  |
| Receipt For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 1100 Suwanee Drive

City: Evansville State: IN Zip Code: 47725

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

Name of Employer: Old National Bank Occupation: CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 04 / 25 / 2012

**Transaction ID : SA11AI.11021**

Amount of Each Receipt this Period: 1879.20

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

Mailing Address 1100 Suwanee Drive

City: Evansville State: IN Zip Code: 47725

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

Name of Employer: Old National Bank Occupation: CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3120.80

Date of Receipt: 04 / 25 / 2012

**Transaction ID : SA11AI.11024**

Amount of Each Receipt this Period: 620.80

**C.** Full Name (Last, First, Middle Initial)  
**Dr. David H. Kim**

Mailing Address 6001 Lincoln Avenue

City: Evansville State: IN Zip Code: 47715

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

Name of Employer: Physician Occupation: Oncology Hemotology Assoc SW IN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 05 / 2012

**Transaction ID : SA11AI.11520**

Amount of Each Receipt this Period: 500.00

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

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

3000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 27 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Thomas W. Kimmel**

Mailing Address 3530 W. Boonville New Harmony Rd.

City: Evansville State: IN Zip Code: 47720-7507

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

Name of Employer: Self-Employed Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 20 / 2012

**Transaction ID : SA11AI.11567**

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Philip J. Kline**

Mailing Address 9700 Petersburg Road

City: Evansville State: IN Zip Code: 47725-1458

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

Name of Employer: Anesthesiology Group Assoc. Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 30 / 2012

**Transaction ID : SA11AI.11747**

Amount of Each Receipt this Period: 850.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. David L. Knapp**

Mailing Address 12441 Browning Road

City: Evansville State: IN Zip Code: 47725-8600

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

Name of Employer: N/A Occupation: Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 06 / 30 / 2012

**Transaction ID : SA11AI.11746**

Amount of Each Receipt this Period: 200.00

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

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

1300.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 28 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Cynthia R. Koch**

Mailing Address 4120 Mulberry Place

City: Evansville State: IN Zip Code: 47714-0668

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

Name of Employer: N/A Occupation: Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 20 / 2012

**Transaction ID : SA11AI.11551**

Amount of Each Receipt this Period: 2500.00

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

Mailing Address PO Box 36

City: Santa Claus State: IN Zip Code: 47579

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

Name of Employer: Koch Development Corporation Occupation: Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 650.00

Date of Receipt: 06 / 20 / 2012

**Transaction ID : SA11AI.11569**

Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Koch II**

Mailing Address 4120 Mulberry Place

City: Evansville State: IN Zip Code: 47714-0668

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

Name of Employer: Koch Enterprises Inc. Occupation: Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 06 / 20 / 2012

**Transaction ID : SA11AI.11552**

Amount of Each Receipt this Period: 2500.00

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

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

5200.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 29 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Frank R. Kolisek**

Mailing Address 1260 Innovation Pkwy  
Suite 100

City Greenwood State IN Zip Code 46143

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

Name of Employer Indiana Orthopaedic Hospital Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11AI.11184**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Linda L. Kuhlenschmidt**

Mailing Address 6859 Carson School Road

City Mt. Vernon State IN Zip Code 47620

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

Name of Employer Unemployed Occupation Family Nurse Practitioner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11AI.11560**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4644 Estate Drive

City Newburgh State IN Zip Code 47630

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

Name of Employer Ohio Valley Heart Care Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11480**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 30 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Randy Lance**

Mailing Address 6433 Pebble Pointe Court

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
Anesthesiology Group Assoc. Anesthesiologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 25 / 2012

**Transaction ID : SA11AI.11792**

Amount of Each Receipt this Period  
550.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John C. Lechleiter**

Mailing Address One North Illinois  
Residence 2302

City State Zip Code  
Indianapolis IN 46204

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

Name of Employer Occupation  
Eli Lilly CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.11051**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Daniel E. Lehman**

Mailing Address 7632 Almaden Court

City State Zip Code  
Indianapolis IN 46278

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

Name of Employer Occupation  
Indiana Orthopaedic Hospital Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11AI.11147**

Amount of Each Receipt this Period  
250.00

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

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

3300.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 31 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gary S. Lichtenberger**

Mailing Address 6918 Rosser Drive

City Evansville State IN Zip Code 47712

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

Name of Employer Lichtenberger Construction Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11AI.11171**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. H. James Litten**

Mailing Address 13001 Brighton Lane

City Carmel State IN Zip Code 46032

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

Name of Employer F.C. Tucker Co., Inc. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11AI.11566**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address PO Box 133

City Chandler State IN Zip Code 47610

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

Name of Employer Bernardin Lochmueller & Assoc. Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11395**

Amount of Each Receipt this Period  
**550.00**

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

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

**1350.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 32 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gary L. Lundy**

Mailing Address 507 W. Crestview Avenue

City State Zip Code  
Pittsburg KS 66762

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

Name of Employer Occupation  
Watco Companies Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11464**

Amount of Each Receipt this Period  
1950.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Thomas O. Magan**

Mailing Address 9 Johnson Place

City State Zip Code  
Evansville IN 47714-1605

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

Name of Employer Occupation  
Retired Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11481**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 76 Odell Drive

City State Zip Code  
Princeton IN 47670

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11AI.11562**

Amount of Each Receipt this Period  
1000.00

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

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

3025.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 33 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Michael J. Malchioni**

Mailing Address 5801 Weiss Road

City Evansville State IN Zip Code 47720

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

Name of Employer Anesthesiology Group Assoc. Occupation Anesthesiologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11392**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Gregory A. Mann**

Mailing Address 2222 Waters Ridge Raod

City Newburgh State IN Zip Code 47630

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11AI.11764**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Carolyn S. McClintock**

Mailing Address 1525 Victoria Green Blvd.

City Evansville State IN Zip Code 47715

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11713**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 34 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James W. Merritt Jr.**

Mailing Address 10327 Tarpon Drive

City Indianapolis State IN Zip Code 46256-9792

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

Name of Employer The Indiana Rail Road Occupation Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 07 / 2012**

**Transaction ID : SA11AI.11142**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. James W. Merritt Jr.**

Mailing Address 10327 Tarpon Drive

City Indianapolis State IN Zip Code 46256-9792

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

Name of Employer The Indiana Rail Road Occupation Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **580.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2012**

**Transaction ID : SA11AI.11556**

Amount of Each Receipt this Period  
**130.00**

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

Mailing Address 4052 W. 300N

City Jasper State IN Zip Code 47546

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11AI.11483**

Amount of Each Receipt this Period  
**75.00**

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

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

**405.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 35 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Peter B. Mogavero**

Mailing Address 6101 Lincoln Avenue

City Evansville State IN Zip Code 47715

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

Name of Employer Anchor Industries Inc. Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11484**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Gary R. Moore**

Mailing Address 311 E. Jennings Street

City Newburgh State IN Zip Code 47630

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

Name of Employer Orthopaedic Surgeons Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11394**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 9601 Morris Drive

City Evansville State IN Zip Code 47720

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

Name of Employer NHA, Inc. Occupation RN/Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11407**

Amount of Each Receipt this Period  
150.00

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

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

500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 36 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey B. Mulzer**

Mailing Address 2411 Lakeridge Drive

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
Mulzer Crushed Stone, Inc. Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11AI.11737**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address PO Box 431  
478 W. Evergreen Plaza N.

City State Zip Code  
Santa Claus IN 47579

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

Name of Employer Occupation  
Mulzer Crushed Stone, Inc. Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11AI.11802**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sue Ann Noveroske**

Mailing Address 4099 Frame Road

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11AI.11485**

Amount of Each Receipt this Period  
250.00

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

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

3250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 37 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Michelle O'Neill**

Mailing Address 10345 Wilmington Drive

City Evansville State IN Zip Code 47725

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

Name of Employer Fairfield Memorial Hospital Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : SA11AI.11022**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Michelle O'Neill**

Mailing Address 10345 Wilmington Drive

City Evansville State IN Zip Code 47725

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

Name of Employer Fairfield Memorial Hospital Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11AI.11773**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 620 Alverna Drive

City Indianapolis State IN Zip Code 46260

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

Name of Employer Duke Realty Corporation Occupation Real Estate Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2012

**Transaction ID : SA11AI.11760**

Amount of Each Receipt this Period  
500.00

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

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

1750.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 38 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ersal Ozdemir**

Mailing Address 1352 W. 106th Street

City Carmel State IN Zip Code 46032

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

Name of Employer Keystone Construction Corp. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11107**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. L. Faye Powell**

Mailing Address 1101 Suwannee Drive

City Evansville State IN Zip Code 47725

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

Name of Employer BeautiControl Cosmetics Occupation National Exec. Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11AI.11486**

Amount of Each Receipt this Period  
550.00

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

Mailing Address 6491 N. Chester Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11697**

Amount of Each Receipt this Period  
250.00

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

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

3300.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 39 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Steven H. Pratt**

Mailing Address 6491 N. Chester Avenue

City Indianapolis State IN Zip Code 46220

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

Name of Employer Hall Render Killian HeathLyman Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
647.85

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11698**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6399 Belle Rive Drive

City Newburgh State IN Zip Code 47630

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

Name of Employer Radiopharmacy Inc. Occupation Pharmacist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : SA11AI.11013**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Anthony V. Reck**

Mailing Address 1500 Kentucky Avenue

City Paducah State KY Zip Code 42003-2806

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

Name of Employer P & L Transportation Occupation Railroad Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11398**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 40 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Douglas C. Rose**

Mailing Address 10799 Diamond Drive

City Carmel State IN Zip Code 46032

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

Name of Employer Irwin R. Rose & Co., LLC Occupation President/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2012

**Transaction ID : SA11AI.11085**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Douglas C. Rose**

Mailing Address 10799 Diamond Drive

City Carmel State IN Zip Code 46032

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

Name of Employer Irwin R. Rose & Co., LLC Occupation President/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2012

**Transaction ID : SA11AI.11101**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Michelle M. Rose**

Mailing Address 10799 Diamond Rive

City Carmel State IN Zip Code 46032

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2012

**Transaction ID : SA11AI.11086**

Amount of Each Receipt this Period  
500.00

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

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

2000.00



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

|   |   |                                     |                                     |                                    |
|---|---|-------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                     | PAGE 41 OF 122                      |                                    |
|   | <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|   |   |                                     |                                     | <input type="checkbox"/> 11e<br>15 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 9333 North Meridian Street

City Indianapolis State IN Zip Code 46260

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

Name of Employer Schahet Hotels Occupation Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2012

**Transaction ID : SA11AI.11012**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. G. Michael Schopmeyer**

Mailing Address 862 S. Lombard Avenue

City Evansville State IN Zip Code 47714

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

Name of Employer Kahn Dees Donovan & Kahn Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11384**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Jay Schuckit**

Mailing Address 3831 Steeplechase Drive

City Carmel State IN Zip Code 46032

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

Name of Employer Schuckit & Assoc PC Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2012

**Transaction ID : SA11AI.11088**

Amount of Each Receipt this Period  
500.00

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

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

1650.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 42 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Kenan L. Schultheis</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 25 / 2012 |
| Mailing Address 32 N. Weinbach Avenue<br>PO Box 2728  |                                   | <b>Transaction ID : SA11AI.11406</b>                         |
| City<br>Evansville  | State<br>IN                       |  |
| FEC ID number of contributing federal political committee.  |                                   | Amount of Each Receipt this Period<br>2000.00                |
| Name of Employer<br>Self Employed   | Occupation<br>Business Owner      |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3000.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ms. Patty Schurz</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 29 / 2012 |
| Mailing Address 5150 S. 400 W   |                                  | <b>Transaction ID : SA11AI.11706</b>                         |
| City<br>Huntingburgh  | State<br>IN                      |  |
| FEC ID number of contributing federal political committee.  |                                  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Retired   | Occupation<br>Retired            |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>400.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr. Brian W. Schymik</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>06 / 29 / 2012 |
| Mailing Address 4411 Foxmoor Drive  |                                   | <b>Transaction ID : SA11AI.11721</b>                         |
| City<br>Newburgh  | State<br>IN                       |  |
| FEC ID number of contributing federal political committee.  |                                   | Amount of Each Receipt this Period<br>2400.00                |
| Name of Employer<br>Self Employed   | Occupation<br>Physician           |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2400.00 |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 4650.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 43 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Mark E. Shockley**

Mailing Address 10632 Wilmington Drive

City: Evansville State: IN Zip Code: 47725

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

Name of Employer: Anesthesiology Group Assoc. Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 29 / 2012

**Transaction ID : SA11AI.11710**

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 11610 Blue Grass Road

City: Evansville State: IN Zip Code: 47725

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

Name of Employer: Covance and Deaconess Hospital Occupation: Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 08 / 2012

**Transaction ID : SA11AI.11187**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James F. Singleton**

Mailing Address 7820 Holly Creek Lane

City: Indianapolis State: IN Zip Code: 46240

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

Name of Employer: Self Occupation: Commercial Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 07 / 2012

**Transaction ID : SA11AI.11143**

Amount of Each Receipt this Period: 250.00

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

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

1750.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 44 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles E. Smith**

Mailing Address 13021 Cricklewood Court

City Carmel State IN Zip Code 46033-2302

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

Name of Employer CountryMark Occupation President and CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11680**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Lori A. Smith**

Mailing Address 1600 Skipping Stone Drive

City Evansville State IN Zip Code 47725

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11456**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 819 York Road

City Evansville State IN Zip Code 47715

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11442**

Amount of Each Receipt this Period  
550.00

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

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

1300.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 45 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jeffery J. Soldatis**

Mailing Address 8450 Northwest Blvd.

City Indianapolis State IN Zip Code 46278

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

Name of Employer Indiana Orthopaedic Hospital Occupation Orthopaedic Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11AI.11162**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory T. Spaulding**

Mailing Address 13013 New Britton Drive

City Fishers State IN Zip Code 46038

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

Name of Employer Miller's Health Systems, Inc. Occupation COO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11380**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2551 Aiden Drive

City Evansville State IN Zip Code 47725

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

Name of Employer Deaconess Hospital Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11AI.11570**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1750.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 46 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gregory Stoner**

Mailing Address 3277 Grassland Hills Road

City Jasper State IN Zip Code 47546

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

Name of Employer Master Brand Cabinets Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

**Transaction ID : SA11AI.11755**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Sandra K. Sullivan**

Mailing Address 1421 Stonebriar Dr.

City Evansville State IN Zip Code 47725

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11454**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles E. Taylor Jr.**

Mailing Address PO Box 713

City Washington State IN Zip Code 47501-0713

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

Name of Employer C.E. Taylor Oil, Inc. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11AI.11722**

Amount of Each Receipt this Period  
2500.00

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

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

3250.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 47 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Noah A. Taylor**

Mailing Address 2075 Brentwood Drive  
Unit B

City Houston State TX Zip Code 77019

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11AI.11487**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jeffrey A. Terp**

Mailing Address 12669 Treaty Line Street

City Carmel State IN Zip Code 46032

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11AI.11108**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Patricia Warner Tharp**

Mailing Address 11320 Blue Grass Rd.

City Evansville State IN Zip Code 47725

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : SA11AI.11386**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 48 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Richard A. Tibbals**

Mailing Address 5535 Autumn Ridge Drive

City State Zip Code  
Newburgh IN 47630-3286

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

Name of Employer Occupation  
Midwest Ear Nose & Throat Surg Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11402**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gilbert D. Verkamp**

Mailing Address 1133 W. 14th Street

City State Zip Code  
Jasper IN 47346

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11404**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jennifer S. Wahle**

Mailing Address 5271 Heatheridge Drive

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
Deaconess Clinic Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11AI.11800**

Amount of Each Receipt this Period  
500.00

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

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

850.00



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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 49 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Barbara L. Waits**

Mailing Address 2166 Lakes Edge Drive

City State Zip Code  
Newburgh IN 47630

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 08 / 2012

**Transaction ID : SA11AI.11169**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10671 Winterwood

City State Zip Code  
Carmel IN 46032

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

Name of Employer Occupation  
Weaver Popcorn President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11AI.11788**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John F. Williams**

Mailing Address 9560 Copley Drive

City State Zip Code  
Indianapolis IN 46260

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

Name of Employer Occupation  
Hall Render Killian HeathLyman Attorney

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11AI.11699**

Amount of Each Receipt this Period  
250.00

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

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

3250.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 50 OF 122 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Russell Woosley**

Mailing Address 1634 Village Lane

City Evansville State IN Zip Code 47725

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

Name of Employer Mulzer Crushed Stone, Inc. Occupation Office Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11AI.11738**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

94940.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 51 OF 122 |
|   | <input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11B.11445**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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

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

FOR LINE NUMBER: PAGE 52 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AGRICULTURAL RETAILERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1156 15TH STREET, NW SUITE 302

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00264770**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 14 / 2012

**Transaction ID : SA11C.11197**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 421 AVIATION WAY

City FREDERICK State MD Zip Code 21701

FEC ID number of contributing federal political committee. **C C00131185**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2012

**Transaction ID : SA11C.11193**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 101 Constitution Ave NW Suite 400W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11C.11742**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 53 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN AIRLINES POLITICAL ACTION COMMITTEE**

Mailing Address 1101 17 STREET N.W., SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11660**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE**

Mailing Address 9700 West Bryn Mawr Ave.

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11C.11117**

Amount of Each Receipt this Period  
3000.00

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

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11C.11059**

Amount of Each Receipt this Period  
3000.00

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

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

7000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 54 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 1000 Wilson Boulevard  
Suite 1825

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2012**

**Transaction ID : SA11C.10974**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SHORT LINE AND REGIONAL RAILROAD ASSOCIATION - POLITICAL ACTION CMTE (ASLRRRA-PAC)**

Mailing Address 50 F STREET NW  
SUITE 7020

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00298190**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**115.29**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2012**

**Transaction ID : SA11C.11206**

Amount of Each Receipt this Period  
**115.29**

In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**ARCHER DANIELS MIDLAND COMPANY-ADM PAC**

Mailing Address P.O. BOX 1470

City DECATUR State IL Zip Code 62525

FEC ID number of contributing federal political committee. **C C00093963**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : SA11C.11050**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3615.29**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 55 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE (RAILPAC)

Mailing Address 425 3RD STREET, S..W.  
SUITE 1000

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11693**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City DALLAS State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11675**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BILL SHUSTER FOR CONGRESS**

Mailing Address PO BOX 27

City HOLLIDAYSBURGH State PA Zip Code 16648

FEC ID number of contributing federal political committee. **C** C00364935

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11743**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 56 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**

Mailing Address P.O. BOX 961039

City State Zip Code  
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11749**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**BOSTON SCIENTIFIC CORPORATION POLITICAL ACTION COMMITTEE ('BSC PAC')**

Mailing Address ONE BOSTON SCIENTIFIC PLACE

City State Zip Code  
NATICK MA 01760

FEC ID number of contributing federal political committee. **C** C00357863

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11711**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 504 DEREK AVENUE

City State Zip Code  
ELIZABETHTOWN KY 42701

FEC ID number of contributing federal political committee. **C** C00483487

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11C.11451**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 57 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CITIZENS TO ELECT PHIL ROE TO CONGRESS**

Mailing Address PO BOX 3218

City JOHNSON CITY State TN Zip Code 37602

FEC ID number of contributing federal political committee. **C** C00444471

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11C.11513**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**COALPAC, A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION**

Mailing Address 101 Constitution Avenue, NW  
Suite 500 East

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11676**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVES ORGANIZED TO ADVANCE TOMORROW'S SOLUTIONS (COATS PAC)**

Mailing Address PO BOX 34303

City INDIANAPOLIS State IN Zip Code 46234

FEC ID number of contributing federal political committee. **C** C00494559

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11732**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 58 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 1331 Pennsylvania Ave, NW, Ste 560  
Suite 560

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11667**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11C.11191**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11704**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 59 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

Full Name (Last, First, Middle Initial)  
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

**A.** Mailing Address 8400 WESTPARK DRIVE

City State Zip Code  
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11C.11190**

Amount of Each Receipt this Period  
1500.00

Full Name (Last, First, Middle Initial)  
**ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE**

**B.** Mailing Address LILLY CORPORATE CENTER

City State Zip Code  
INDIANAPOLIS IN 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11665**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**ESOP ASSOCIATION PAC**

**C.** Mailing Address 1726 M STREET, NW SUITE 501

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012

**Transaction ID : SA11C.11057**

Amount of Each Receipt this Period  
500.00

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

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

4000.00

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

|   |                                     |  |                                    |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                                     | FOR LINE NUMBER: (check only one)              | PAGE 60 OF 122                     |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
|   |                                     | <input type="checkbox"/> 15                    |                                    |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A. FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 50 F STREET NW  
SUITE 900  
City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11C.11691**

Amount of Each Receipt this Period  
2000.00

**B. FREEDOM AND SECURITY PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. Washington St., Ste. 115  
City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00437061**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11C.11731**

Amount of Each Receipt this Period  
5000.00

**C. Friends of Ron Bacon**

Full Name (Last, First, Middle Initial)  
Mailing Address 10300 Meadowlark Hills Road  
City Chandler State IN Zip Code 47610

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : SA11C.11390**

Amount of Each Receipt this Period  
150.00

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

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

7150.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 61 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**GENESEE & WYOMING INC. PAC**

Mailing Address 3601 CONCORD ROAD  
2ND FLOOR

City YORK State PA Zip Code 17402

FEC ID number of contributing federal political committee. **C C00289058**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11C.11427**

Amount of Each Receipt this Period  
 1960.00

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

Mailing Address 101 Constitution Ave. NW  
Suite 800 West

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11688**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 101 Constitution Ave. NW  
Suite 500 West

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11750**

Amount of Each Receipt this Period  
 2000.00

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

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

4960.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 62 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 975 F STREET, NW  
SUITE 550

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 04 / 2012

**Transaction ID : SA11C.11077**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1615 L Street, NW  
Suite 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11C.11684**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 412 First Street, SE, Suite 300

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11C.11661**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 63 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INDIANA ACRE/INDIANA STATEWIDE ASSN OF RECS INC**

Mailing Address 720 N HIGH SCHOOL RD

City State Zip Code  
INDIANAPOLIS IN 46224

FEC ID number of contributing federal political committee. **C C00103978**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11C.11899**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 322 CANAL WALK, CANAL LEVEL

City State Zip Code  
INDIANAPOLIS IN 46202

FEC ID number of contributing federal political committee. **C C00000638**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11C.11494**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2800 RIVER ROAD

City State Zip Code  
DES PLAINES IL 60018

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 25 / 2012

**Transaction ID : SA11C.11423**

Amount of Each Receipt this Period  
5000.00

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

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

8500.00

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

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                                     | FOR LINE NUMBER: (check only one)              | PAGE 64 OF 122   |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**JOBS, ECONOMY AND BUDGET FUND (JEB FUND)**

Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00420695

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11C.11752**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address PO Box 853

City Edwardsville State IL Zip Code 62025

FEC ID number of contributing federal political committee. **C** C00390831

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11C.11707**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 600 14TH STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11C.11677**

Amount of Each Receipt this Period  
2000.00

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

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

5500.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 65 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ACTION COMMITTEE (NACPAC)**

Mailing Address 3389 SHERIDAN ST.  
#424

City State Zip Code  
HOLLYWOOD FL 33021

FEC ID number of contributing federal political committee. **C C00147983**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012

**Transaction ID : SA11C.10903**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 2901 TELESTAR CT.

City State Zip Code  
FALLS CHURCH VA 22042

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : SA11C.11127**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3601 VINCENNES ROAD  
PO BOX 68700

City State Zip Code  
INDIANAPOLIS IN 46268

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11658**

Amount of Each Receipt this Period  
2000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 66 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : SA11C.10972**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1101 KING STREET  
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11655**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL TOOLING & MACHINING ASSOCIATION**

Mailing Address 6363 Oak Tree Blvd.

City Independence State OH Zip Code 44131

FEC ID number of contributing federal political committee. **C c00043091**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 192.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11C.11532**

Amount of Each Receipt this Period  
 192.33  
 In-kind - Catering

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

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

3692.33

**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 67 OF 122 |
|   | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A. NATIONAL TOOLING & MACHINING ASSOCIATION**

Full Name (Last, First, Middle Initial)  
Mailing Address 6363 Oak Tree Blvd.

City Independence State OH Zip Code 44131

FEC ID number of contributing federal political committee. **C** c00043091

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1192.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11C.11449**

Amount of Each Receipt this Period  
1000.00

**B. NEW PIONEERS PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11744**

Amount of Each Receipt this Period  
500.00

**C. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 3 Commercial Place Suite 375

City Norfolk State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11C.11204**

Amount of Each Receipt this Period  
2000.00

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

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

3500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 68 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 601 CLEVELAND STREET SUITE 625

City State Zip Code  
CLEARWATER FL 33755

FEC ID number of contributing federal political committee. **C** C00482463

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012

**Transaction ID : SA11C.11182**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6363 Oak Tree Blvd.

City State Zip Code  
Independence OH 44131

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
192.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11C.11533**

Amount of Each Receipt this Period  
192.33

In-kind - Catering

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

Mailing Address 6363 Oak Tree Blvd.

City State Zip Code  
Independence OH 44131

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1192.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11C.11447**

Amount of Each Receipt this Period  
1000.00

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

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

1692.33

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 69 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 1301 K STREET, NW  
SUITE 800W

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11683**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**RAILAMERICA INC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 7411 FULLERTON STREET, SUITE 300

City JACKSONVILLE State FL Zip Code 32256

FEC ID number of contributing federal political committee. **C** C00362095

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : SA11C.11408**

Amount of Each Receipt this Period  
2800.00

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Mailing Address P. O. Box 1011

City Wheaton State IL Zip Code 60187

FEC ID number of contributing federal political committee. **C** C00451294

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11733**

Amount of Each Receipt this Period  
2500.00

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

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

6800.00

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

|   |                                    |                                     |  |                                    |
|---|------------------------------------|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  |                                     | PAGE 70 OF 122                                 |                                    |
|   | <input type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |
| <input type="checkbox"/> 15   |                                    |                                     |  |                                    |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 1875 EXPLORER STREET, SUITE 200

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| RESTON | VA    | 20190    |

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

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

|   |                                   |
|---|-----------------------------------|
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1500.00 |
|---|-----------------------------------|

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

Transaction ID : SA11C.11491

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1875 EXPLORER STREET, SUITE 200

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| RESTON | VA    | 20190    |

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

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

|   |                                   |
|---|-----------------------------------|
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2500.00 |
|---|-----------------------------------|

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

Transaction ID : SA11C.11751

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
SECURITIES INDUSTRY AND FINANCIAL MARKETS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW  
8TH FLOOR

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| WASHINGTON | DC    | 20005    |

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

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

|   |                                   |
|---|-----------------------------------|
| Receipt For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000.00 |
|---|-----------------------------------|

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

Transaction ID : SA11C.11730

Amount of Each Receipt this Period  
1000.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

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

FOR LINE NUMBER: PAGE 71 OF 122  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address **20 F STREET, NW  
SUITE 310 C**

City **WASHINGTON** State **DC** Zip Code **20001**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : SA11C.11666**

Amount of Each Receipt this Period  
**3500.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE BABCOCK & WILCOX COMPANY POLITICAL ACTION COMMITTEE (B&W PAC)**

Mailing Address **2016 MT. ATHOS ROAD**

City **LYNCHBURG** State **VA** Zip Code **24504**

FEC ID number of contributing federal political committee. **C C00365502**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 08 / 2012**

**Transaction ID : SA11C.11203**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**The Committee to Elect Marsha Abell**

Mailing Address **4400 Stringtown Rd**

City **Evansville** State **IN** Zip Code **47711-2276**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**150.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11C.11497**

Amount of Each Receipt this Period  
**150.00**

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

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

**4650.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 72 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

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

Mailing Address 600 13th St., NW  
Suite 340

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11679**

Amount of Each Receipt this Period  
2000.00

**B. Full Name (Last, First, Middle Initial)**  
**VECTREN CORPORATION EMPLOYEES FEDERAL PAC**

Mailing Address Vectren Corporation Treasury Dept.  
One Vectren Square

City Evansville State IN Zip Code 47708

FEC ID number of contributing federal political committee. **C C00240069**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11690**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C C00409805**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11C.11729**

Amount of Each Receipt this Period  
1000.00

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

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

5500.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 73 OF 122 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WELLPOINT, INC. WELLPAC**

Mailing Address 120 Monument Circle

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11C.11113**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11C.11674**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 329 Main Street Suite 100

City Evansville State IN Zip Code 47708

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : SA11C.11030**

Amount of Each Receipt this Period  
1000.00

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

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

7000.00

103559.95

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 74 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement   |  |
| <b>A. Alphagraphics</b>   |  | M M / D D / Y Y Y Y<br>05 / 14 / 2012  |  |
| Mailing Address 6220 Vogel Road   |  | Amount of Each Disbursement this Period  |  |
| City: Evansville State: IN Zip Code: 47715  |  | 1582.77  |  |
| Purpose of Disbursement: Printing   |  | Transaction ID : SB17.11136  |  |
| Candidate Name: Bucshon for Congress  |  | Category/Type: 003   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement   |  |
| <b>B. Alphagraphics</b>   |  | M M / D D / Y Y Y Y<br>06 / 13 / 2012  |  |
| Mailing Address 6220 Vogel Road   |  | Amount of Each Disbursement this Period  |  |
| City: Evansville State: IN Zip Code: 47715  |  | 2132.64  |  |
| Purpose of Disbursement: Printing   |  | Transaction ID : SB17.11540  |  |
| Candidate Name: Bucshon for Congress  |  | Category/Type: 003   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement   |  |
| <b>C. Axiom Marketing and Advertising</b>   |  | M M / D D / Y Y Y Y<br>05 / 22 / 2012  |  |
| Mailing Address 215 NW Martin Luther King Jr. Blvd  |  | Amount of Each Disbursement this Period  |  |
| City: Evansville State: IN Zip Code: 47708  |  | 175.00   |  |
| Purpose of Disbursement: Logo Revision  |  | Transaction ID : SB17.11209  |  |
| Candidate Name: Bucshon for Congress  |  | Category/Type: 004   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3890.41 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 75 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Axiom Marketing and Advertising</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 04 / 2012 |
| Mailing Address 215 NW Martin Luther King Jr. Blvd   |  | Amount of Each Disbursement this Period<br>264.29             |
| City<br>Evansville   | State<br>IN  |   |
| Purpose of Disbursement<br>Business Cards  | Category/Type<br>001   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  |  | Transaction ID : SB17.11371                                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bankcard Center</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012 |
| Mailing Address PO Box 569200  |  | Amount of Each Disbursement this Period<br>73.35              |
| City<br>Dallas   | State<br>TX  |   |
| Purpose of Disbursement<br>Credit Card Payment - Vendor Itemization Follows  | Category/Type<br>002   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  |  | Transaction ID : SB17.10920                                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Huck's</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012 |
| Mailing Address 102 E. Lincoln Avenue  |  | Amount of Each Disbursement this Period<br>73.35              |
| City<br>Chandler   | State<br>IN  |   |
| Purpose of Disbursement<br>Fuel  | Category/Type<br>002   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  |  | Transaction ID : SB17.10920.0<br><b>[MEMO ITEM]</b>           |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 08   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 337.64 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 76 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                    |  |
| <b>A. Bankcard Center</b>   |  | M M / D D / Y Y Y Y<br>04 / 20 / 2012   |  |
| Mailing Address PO Box 569200   |  | Amount of Each Disbursement this Period |  |
| City Dallas State TX Zip Code 75356   |  | 2634.86                                 |  |
| Purpose of Disbursement<br>Credit Card Payment - Vendor Itemization Follows   |  | Transaction ID : SB17.10921             |  |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | Category/<br>Type                       |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State: IN District: 08  |  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                    |  |
| <b>B. Sam's Club</b>  |  | M M / D D / Y Y Y Y<br>04 / 20 / 2012   |  |
| Mailing Address 6700 E. Virginia Street   |  | Amount of Each Disbursement this Period |  |
| City Evansville State IN Zip Code 47715   |  | 191.06                                  |  |
| Purpose of Disbursement<br>Folding Tables   |  | Transaction ID : SB17.10921.0           |  |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | Category/<br>Type<br>001                |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State: IN District: 08  | [MEMO ITEM]  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                    |  |
| <b>c. T Mobile</b>  |  | M M / D D / Y Y Y Y<br>04 / 20 / 2012   |  |
| Mailing Address 1031 North Green River Road<br>#101   |  | Amount of Each Disbursement this Period |  |
| City Evansville State IN Zip Code 47715   |  | 565.89                                  |  |
| Purpose of Disbursement<br>Use of phone equipment   |  | Transaction ID : SB17.10921.1           |  |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | Category/<br>Type<br>005                |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State: IN District: 08  | [MEMO ITEM]  |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2634.86 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 77 OF 122                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 235 N. Burkhardt Road  |  | Amount of Each Disbursement this Period<br>139.09        |
| City<br>Evansville   | State<br>IN  |  |
| Zip Code<br>47715  | Purpose of Disbursement<br>Printer   | Transaction ID : SB17.10921.2<br><b>[MEMO ITEM]</b>      |
| Candidate Name<br>Bucshon for Congress   | Category/Type<br>001   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN  | District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 235 N. Burkhardt Road  |  | Amount of Each Disbursement this Period<br>42.79         |
| City<br>Evansville   | State<br>IN  |  |
| Zip Code<br>47715  | Purpose of Disbursement<br>Paper   | Transaction ID : SB17.10921.3<br><b>[MEMO ITEM]</b>      |
| Candidate Name<br>Bucshon for Congress   | Category/Type<br>001   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN  | District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Staples</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 235 N. Burkhardt Road  |  | Amount of Each Disbursement this Period<br>95.50         |
| City<br>Evansville   | State<br>IN  |  |
| Zip Code<br>47715  | Purpose of Disbursement<br>Pens, Markers, Paper  | Transaction ID : SB17.10921.4<br><b>[MEMO ITEM]</b>      |
| Candidate Name<br>Bucshon for Congress   | Category/Type<br>001   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN  | District: 08   |  |

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

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 78 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Walmart</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 401 N. Burkhardt Road   |  | Amount of Each Disbursement this Period<br>141.97        |
| City<br>Evansville  | State<br>IN  |  |
| Purpose of Disbursement<br>Chairs   | Category/<br>Type<br>001   | Transaction ID : SB17.10921.8<br><br>[MEMO ITEM]         |
| Candidate Name<br>Bucshon for Congress  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Marathon Oil</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 523 Vincenes Street   |  | Amount of Each Disbursement this Period<br>54.47         |
| City<br>New Albany  | State<br>IN  |  |
| Purpose of Disbursement<br>Fuel   | Category/<br>Type<br>002   | Transaction ID : SB17.10921.13<br><br>[MEMO ITEM]        |
| Candidate Name<br>Bucshon for Congress  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Staples</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 235 N. Burkhardt Road   |  | Amount of Each Disbursement this Period<br>77.03         |
| City<br>Evansville  | State<br>IN  |  |
| Purpose of Disbursement<br>Toner  | Category/<br>Type<br>001   | Transaction ID : SB17.10921.14<br><br>[MEMO ITEM]        |
| Candidate Name<br>Bucshon for Congress  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 79 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marathon Oil</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 523 Vincenes Street   |  | Amount of Each Disbursement this Period<br>11.83         |
| City<br>New Albany  | State<br>IN  |  |
| Purpose of Disbursement<br>Fuel   | Category/<br>Type<br>002   | Transaction ID : SB17.10921.18<br><br>[MEMO ITEM]        |
| Candidate Name<br>Bucshon for Congress  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Lowe's</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 6716 Oak Grove Road   |  | Amount of Each Disbursement this Period<br>42.46         |
| City<br>Evansville  | State<br>IN  |  |
| Purpose of Disbursement<br>Sign Posts   | Category/<br>Type<br>004   | Transaction ID : SB17.10921.19<br><br>[MEMO ITEM]        |
| Candidate Name<br>Bucshon for Congress  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. IContact Corporation</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 20 / 2012 |
| Mailing Address 2635 Meridian Pkwy.   |  | Amount of Each Disbursement this Period<br>109.00        |
| City<br>Durham  | State<br>NC  |  |
| Purpose of Disbursement<br>Website Hosting  | Category/<br>Type<br>004   | Transaction ID : SB17.10921.21<br><br>[MEMO ITEM]        |
| Candidate Name<br>Bucshon for Congress  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 80 OF 122                     |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Sam's Club</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012 |
| Mailing Address 6700 E. Virginia Street  |  | Amount of Each Disbursement this Period<br>402.13             |
| City<br>Evansville   | State<br>IN  |   |
| Zip Code<br>47715  |  |   |
| Purpose of Disbursement<br>AC Unit, Food, Drink  |  | Category/<br>Type<br>001                                      |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Menards</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012 |
| Mailing Address 2808 Menards Drive   |  | Amount of Each Disbursement this Period<br>246.06             |
| City<br>Evansville   | State<br>IN  |   |
| Zip Code<br>47715  |  |   |
| Purpose of Disbursement<br>Shelves   |  | Category/<br>Type<br>001                                      |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Bankcard Center</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012 |
| Mailing Address PO Box 569200  |  | Amount of Each Disbursement this Period<br>39.00              |
| City<br>Dallas   | State<br>TX  |   |
| Zip Code<br>75356  |  |   |
| Purpose of Disbursement<br>Credit Card Fees  |  | Category/<br>Type<br>001                                      |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN  | District: 08   |   |

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



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

|   |   |                |  |  |
|---|---|----------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 81 OF 122 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                    |
| <b>A. Bankcard Center</b>   |  | M M / D D / Y Y Y Y<br>05 / 22 / 2012   |
| Mailing Address PO Box 569200   |  | Amount of Each Disbursement this Period |
| City Dallas State TX Zip Code 75356   |  | 620.37                                  |
| Purpose of Disbursement<br>Credit Card Payment - Vendor Itemization Follows   |  | Transaction ID : SB17.11214             |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | Category/<br>Type                       |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: IN District: 08  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>B. Marathon Oil</b>   |  | M M / D D / Y Y Y Y<br>05 / 22 / 2012   |
| Mailing Address 523 Vincenes Street  |  | Amount of Each Disbursement this Period |
| City New Albany State IN Zip Code 47150  |  | 59.00                                   |
| Purpose of Disbursement<br>Fuel  |  | Transaction ID : SB17.11214.0           |
| Candidate Name   |  | Category/<br>Type                       |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]                             |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)  |  | Date of Disbursement                    |
| <b>c. Courtyard by Marriott</b>  |  | M M / D D / Y Y Y Y<br>05 / 22 / 2012   |
| Mailing Address 140 L Street SE  |  | Amount of Each Disbursement this Period |
| City Washington State DC Zip Code 20002  |  | 426.88                                  |
| Purpose of Disbursement<br>Lodging   |  | Transaction ID : SB17.11214.2           |
| Candidate Name   |  | Category/<br>Type                       |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]                             |
| State: District:   |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 620.37 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 82 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Huck's</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 102 E. Lincoln Avenue   |  | Amount of Each Disbursement this Period<br>3590.09       |
| City Chandler   | State IN Zip Code 47610  |  |
| Purpose of Disbursement<br>Fuel   | Category/Type<br>002   | Transaction ID : SB17.11214.3<br><br>[MEMO ITEM]         |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Biaggis</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 6401 E. Lloyd Expressway #3   |  | Amount of Each Disbursement this Period<br>85.19         |
| City Evansville   | State IN Zip Code 47715  |  |
| Purpose of Disbursement<br>Fundraising - meals  | Category/Type<br>003   | Transaction ID : SB17.11214.4<br><br>[MEMO ITEM]         |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Bankcard Center</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address PO Box 569200  |  | Amount of Each Disbursement this Period<br>3590.09       |
| City Dallas  | State TX Zip Code 75356  |  |
| Purpose of Disbursement<br>Credit Card Payment - Vendor Itemization Follows  | Category/Type  | Transaction ID : SB17.11242                              |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN District: 08   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3590.09 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 83 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. T Mobile</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 1031 North Green River Road #101  |  | Amount of Each Disbursement this Period<br>275.35        |
| City<br>Evansville  | State<br>IN  |  |
| Zip Code<br>47715   |  | Transaction ID : SB17.11242.0                            |
| Purpose of Disbursement<br>Telephone expense  | Category/<br>Type<br>001   |  |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | [MEMO ITEM]  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN   | District: 08   |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Facebook, Inc.</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 1601 S. California Avenue   |  | Amount of Each Disbursement this Period<br>1381.49       |
| City<br>Palo Alto   | State<br>CA  |  |
| Zip Code<br>94304   |  | Transaction ID : SB17.11242.1                            |
| Purpose of Disbursement<br>Ads  | Category/<br>Type<br>004   |  |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | [MEMO ITEM]  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN   | District: 08   |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. IContact Corporation</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 2635 Meridian Pkwy.   |  | Amount of Each Disbursement this Period<br>109.00        |
| City<br>Durham  | State<br>NC  |  |
| Zip Code<br>27713   |  | Transaction ID : SB17.11242.3                            |
| Purpose of Disbursement<br>Website Hosting  | Category/<br>Type<br>004   |  |
| Candidate Name<br><b>Bucshon for Congress</b>   |  | [MEMO ITEM]  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN   | District: 08   |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 84 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Huck's</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 102 E. Lincoln Avenue   |  | Amount of Each Disbursement this Period<br>92.99         |
| City Chandler   | State IN Zip Code 47610  |  |
| Purpose of Disbursement<br>Fuel   | Category/Type<br>002   | Transaction ID : SB17.11242.4<br><br>[MEMO ITEM]         |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Home Depot</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 5230 Pearl Drive  |  | Amount of Each Disbursement this Period<br>206.39        |
| City Evansville   | State IN Zip Code 47715  |  |
| Purpose of Disbursement<br>Supplies for Yard Signs  | Category/Type<br>006   | Transaction ID : SB17.11242.5<br><br>[MEMO ITEM]         |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Shell Oil</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 1342 N. Washington Street   |  | Amount of Each Disbursement this Period<br>88.12         |
| City Dale   | State IN Zip Code 47523  |  |
| Purpose of Disbursement<br>Fuel   | Category/Type<br>002   | Transaction ID : SB17.11242.6<br><br>[MEMO ITEM]         |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 85 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Enterprise Rent A Car</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012 |
| Mailing Address 5220 Division Street  |  | Amount of Each Disbursement this Period<br>263.00             |
| City<br>Evansville  | State<br>IN  |   |
| Zip Code<br>47715   | Purpose of Disbursement<br>Truck Rental  | Transaction ID : SB17.11242.8<br><br>[MEMO ITEM]              |
| Candidate Name  | 002<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sam's Club</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012 |
| Mailing Address 6700 E. Virginia Street   |  | Amount of Each Disbursement this Period<br>63.10              |
| City<br>Evansville  | State<br>IN  |   |
| Zip Code<br>47715   | Purpose of Disbursement<br>Food and Drinks   | Transaction ID : SB17.11242.9<br><br>[MEMO ITEM]              |
| Candidate Name  | 005<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Pilot Travel Center</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012 |
| Mailing Address 4376 N State Road 59  |  | Amount of Each Disbursement this Period<br>20.01              |
| City<br>Brazil  | State<br>IN  |   |
| Zip Code<br>47834-7561  | Purpose of Disbursement<br>Fuel  | Transaction ID : SB17.11242.14<br><br>[MEMO ITEM]             |
| Candidate Name  | 002<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 86 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Marathon Oil</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012 |
| Mailing Address 523 Vincenes Street   |  | Amount of Each Disbursement this Period<br>78.24              |
| City<br>New Albany  | State<br>IN  |   |
| Zip Code<br>47150   | Purpose of Disbursement<br>Fuel  | Transaction ID : SB17.11242.15                                |
| Candidate Name  | 002<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012 |
| Mailing Address 1380 N. Green River Road  |  | Amount of Each Disbursement this Period<br>42.78              |
| City<br>Evansville  | State<br>IN  |   |
| Zip Code<br>47715   | Purpose of Disbursement<br>Printing for mailer   | Transaction ID : SB17.11242.17                                |
| Candidate Name  | 003<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Staples</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012 |
| Mailing Address 235 N. Burkhardt Road   |  | Amount of Each Disbursement this Period<br>205.60             |
| City<br>Evansville  | State<br>IN  |   |
| Zip Code<br>47715   | Purpose of Disbursement<br>Printing for Mailer   | Transaction ID : SB17.11242.18                                |
| Candidate Name  | 003<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

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

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 87 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 235 N. Burkhardt Road   |  | Amount of Each Disbursement this Period<br>74.88         |
| City<br>Evansville  | State<br>IN  |  |
| Zip Code<br>47715   | Purpose of Disbursement<br>Printing for mailer   | Transaction ID : SB17.11242.20<br><b>[MEMO ITEM]</b>     |
| Candidate Name  | Category/<br>Type<br>003   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Staples</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 235 N. Burkhardt Road   |  | Amount of Each Disbursement this Period<br>168.78        |
| City<br>Evansville  | State<br>IN  |  |
| Zip Code<br>47715   | Purpose of Disbursement<br>Printing for mailer   | Transaction ID : SB17.11242.21<br><b>[MEMO ITEM]</b>     |
| Candidate Name  | Category/<br>Type<br>003   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Staples</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012 |
| Mailing Address 235 N. Burkhardt Road   |  | Amount of Each Disbursement this Period<br>5.35          |
| City<br>Evansville  | State<br>IN  |  |
| Zip Code<br>47715   | Purpose of Disbursement<br>Pens and Pencils  | Transaction ID : SB17.11242.22<br><b>[MEMO ITEM]</b>     |
| Candidate Name  | Category/<br>Type<br>001   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 88 OF 122                     |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BKD, LLP</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012                           |
| Mailing Address PO Box 1178  |  | Amount of Each Disbursement this Period<br>997.50<br><b>Transaction ID : SB17.10919</b> |
| City<br>Louisville   | State<br>KY  |   |
| Zip Code<br>40201-1178   | Purpose of Disbursement<br>Bookkeeping Services  | Category/<br>Type<br>001  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BKD, LLP</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012                           |
| Mailing Address PO Box 1178  |  | Amount of Each Disbursement this Period<br>973.75<br><b>Transaction ID : SB17.11083</b> |
| City<br>Louisville   | State<br>KY  |   |
| Zip Code<br>40201-1178   | Purpose of Disbursement<br>Bookkeeping Services  | Category/<br>Type<br>001  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

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| Full Name (Last, First, Middle Initial)<br><b>C. BKD, LLP</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012                            |
| Mailing Address PO Box 1178  |  | Amount of Each Disbursement this Period<br>1140.00<br><b>Transaction ID : SB17.11208</b> |
| City<br>Louisville   | State<br>KY  |  |
| Zip Code<br>40201-1178   | Purpose of Disbursement<br>Bookkeeping Services  | Category/<br>Type<br>001   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3111.25 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 89 OF 122                     |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Hill Club</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 14 / 2012                          |
| Mailing Address 300 1st Street SE  |   | Amount of Each Disbursement this Period<br>55.72<br><b>Transaction ID : SB17.11542</b> |
| City Washington State DC Zip Code 20003-1891   | Purpose of Disbursement Meals<br>002<br>Category/Type   |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Erin Casey</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 04 / 2012                            |
| Mailing Address 526 6th Street SE  |   | Amount of Each Disbursement this Period<br>1836.89<br><b>Transaction ID : SB17.11073</b> |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Fundraising Consultant Fees<br>003<br>Category/Type   |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Erin Casey</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 04 / 2012                            |
| Mailing Address 526 6th Street SE  |   | Amount of Each Disbursement this Period<br>2162.50<br><b>Transaction ID : SB17.11376</b> |
| City Washington State DC Zip Code 20003  | Purpose of Disbursement Fundraising Consultant Fees<br>003<br>Category/Type   |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4055.11 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 90 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Cybersource Corporation</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 02 / 2012                          |
| Mailing Address 1295 Charleston Road   |   | Amount of Each Disbursement this Period<br>34.95<br><b>Transaction ID : SB17.11066</b> |
| City Mountain View State CA Zip Code 94043   | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cybersource Corporation</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 04 / 2012                          |
| Mailing Address 1295 Charleston Road   |   | Amount of Each Disbursement this Period<br>34.95<br><b>Transaction ID : SB17.11471</b> |
| City Mountain View State CA Zip Code 94043   | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

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|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Edgewater Grille</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                           |
| Mailing Address 1 East Water Street  |   | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : SB17.10963</b> |
| City Newburgh State IN Zip Code 47630  | Purpose of Disbursement<br>Catering<br>003<br>Category/Type   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 569.90 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 91 OF 122                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Edgewater Grille</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 12 / 2012                                 |
| Mailing Address 1 East Water Street  |  | Amount of Each Disbursement this Period<br>1171.73<br><b>Transaction ID : SB17.11536</b> |
| City<br>Newburgh   | State<br>IN  |  |
| Zip Code<br>47630  | Purpose of Disbursement<br>Catering  | Category/<br>Type<br>003   |
| Candidate Name<br>Bucshon for Congress   | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Evansville Print Specialist</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 23 / 2012                                 |
| Mailing Address 2217 W. Franklin Street  |  | Amount of Each Disbursement this Period<br>1020.17<br><b>Transaction ID : SB17.10965</b> |
| City<br>Evansville   | State<br>IN  |  |
| Zip Code<br>47712  | Purpose of Disbursement<br>Printing  | Category/<br>Type<br>003   |
| Candidate Name<br>Bucshon for Congress   | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Focused Capitol Solutions LLC</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012                                |
| Mailing Address 425 Walnut Street<br>Suite 1800  |  | Amount of Each Disbursement this Period<br>870.00<br><b>Transaction ID : SB17.11212</b> |
| City<br>Cincinnati   | State<br>OH  |   |
| Zip Code<br>45202-3923   | Purpose of Disbursement<br>Fundraising Consulting Fee  | Category/<br>Type<br>001  |
| Candidate Name<br>Bucshon for Congress   | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3061.90 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 92 OF 122                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)                |  | Date of Disbursement  |
| <b>A. Gateway Billing</b>                              |  | M M / D D / Y Y Y Y<br>05 / 03 / 2012   |
| Mailing Address 808 East Utah Valley Drive             |  | Amount of Each Disbursement this Period   |
| City American Fork                                     | State UT   | Zip Code 84003  |
| Purpose of Disbursement<br>Credit Card Processing Fees | Category/Type<br>003   | Transaction ID : SB17.11070   |
| Candidate Name<br><b>Bucshon for Congress</b>          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: IN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)                |  | Date of Disbursement  |
| <b>B. Gateway Billing</b>                              |  | M M / D D / Y Y Y Y<br>06 / 04 / 2012   |
| Mailing Address 808 East Utah Valley Drive             |  | Amount of Each Disbursement this Period   |
| City American Fork                                     | State UT   | Zip Code 84003  |
| Purpose of Disbursement<br>Credit Card Processing Fees | Category/Type<br>003   | Transaction ID : SB17.11470   |
| Candidate Name<br><b>Bucshon for Congress</b>          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: IN  | District: 08   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)                |  | Date of Disbursement  |
| <b>C. Gridiron Communications</b>                      |  | M M / D D / Y Y Y Y<br>04 / 24 / 2012   |
| Mailing Address 12650 Adams Road                       |  | Amount of Each Disbursement this Period   |
| City Granger   | State IN   | Zip Code 46530  |
| Purpose of Disbursement<br>Printing Mailer and Postage | Category/Type<br>003   | Transaction ID : SB17.10967   |
| Candidate Name<br><b>Bucshon for Congress</b>          | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| State: IN  | District: 08   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 8501.35 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 93 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Gridiron Communications</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 03 / 2012                                  |
| Mailing Address 12650 Adams Road   |   | Amount of Each Disbursement this Period<br>18097.35<br><b>Transaction ID : SB17.11069</b> |
| City Granger State IN Zip Code 46530   | Purpose of Disbursement Printing Mailer and Postage<br>Category/Type 003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Justin Groenert</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>05 / 01 / 2012                                |
| Mailing Address 639 Belmont Drive  |   | Amount of Each Disbursement this Period<br>449.75<br><b>Transaction ID : SB17.11047</b> |
| City Evansville State IN Zip Code 47711  | Purpose of Disbursement Payroll<br>Category/Type 001  |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Mr. Justin Groenert</b>   |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 01 / 2012                                |
| Mailing Address 639 Belmont Drive  |   | Amount of Each Disbursement this Period<br>449.75<br><b>Transaction ID : SB17.11358</b> |
| City Evansville State IN Zip Code 47711  | Purpose of Disbursement Payroll<br>Category/Type 001  |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 18996.85 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 94 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Huckaby Davis Lisker, Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 22 / 2012                            |
| Mailing Address 228 South Washington Street<br>Suite 115                        |   | Amount of Each Disbursement this Period<br>1383.20<br><b>Transaction ID : SB17.11211</b> |
| City Alexandria State VA Zip Code 22314   | Purpose of Disbursement Compliance Consulting Fee<br>001<br>Category/Type   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                                   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Matthew S. Huckleby</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 15 / 2012                           |
| Mailing Address 1923 N. 11th Street  |  | Amount of Each Disbursement this Period<br>500.19<br><b>Transaction ID : SB17.11543</b> |
| City Terre Haute State IN Zip Code 47806                                     | Purpose of Disbursement Payroll<br>001<br>Category/Type  |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. IN Dept. of Workforce Development</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 23 / 2012                           |
| Mailing Address PO Box 7054  |   | Amount of Each Disbursement this Period<br>223.56<br><b>Transaction ID : SB17.10966</b> |
| City Indianapolis State IN Zip Code 46207-7054   | Purpose of Disbursement Payroll Taxes<br>001<br>Category/Type   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: IN District: 08   |   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2106.95 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                |  |  |
|---|---|----------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 95 OF 122 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Indiana Department of Revenue</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 15 / 2012                           |
| Mailing Address PO Box 7221  |   | Amount of Each Disbursement this Period<br>423.78<br><b>Transaction ID : SB17.11133</b> |
| City Indianapolis State IN Zip Code 46207-7221                                     | Purpose of Disbursement Payroll Taxes<br>001<br>Category/Type   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                                      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: IN District: 08   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Indiana Department of Revenue</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 15 / 2012                           |
| Mailing Address PO Box 7221  |   | Amount of Each Disbursement this Period<br>262.01<br><b>Transaction ID : SB17.11527</b> |
| City Indianapolis State IN Zip Code 46207-7221                                     | Purpose of Disbursement Payroll Taxes<br>001<br>Category/Type   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                                      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: IN District: 08   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Indiana Federation of Young Republicans</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 20 / 2012                           |
| Mailing Address 5841 Kiah Court  |   | Amount of Each Disbursement this Period<br>300.00<br><b>Transaction ID : SB17.11549</b> |
| City Plainfield State IN Zip Code 46168  | Purpose of Disbursement GOP State Convention Ad<br>004<br>Category/Type   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |
| State: IN District: 08   |   |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 985.79 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 96 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Martinair, Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 12 / 2012                            |
| Mailing Address PO Box 485<br>Attn: Dawn Sesko                       |  | Amount of Each Disbursement this Period<br>3566.20<br><b>Transaction ID : SB17.11538</b> |
| City Sandston  | State VA Zip Code 23150  |  |
| Purpose of Disbursement<br>Travel expense                            | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                        | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  |  |
| State: IN District: 08   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Nicholas C. McGee</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 01 / 2012                            |
| Mailing Address 2809 St. George Road                                       |  | Amount of Each Disbursement this Period<br>1538.93<br><b>Transaction ID : SB17.11361</b> |
| City Evansville  | State IN Zip Code 47711  |  |
| Purpose of Disbursement<br>Payroll   | Category/Type<br>001   |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President             |  |
| State: District:   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |

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|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Mr. Nicholas C. McGee</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 01 / 2012                           |
| Mailing Address 2809 St. George Road                                       |  | Amount of Each Disbursement this Period<br>203.75<br><b>Transaction ID : SB17.11369</b> |
| City Evansville  | State IN Zip Code 47711  |   |
| Purpose of Disbursement<br>Mileage Reimbursement                           | Category/Type<br>002   |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President             |   |
| State: District:   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5308.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 97 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Nicholas C. McGee</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 15 / 2012                            |
| Mailing Address 2809 St. George Road   |   | Amount of Each Disbursement this Period<br>1233.61<br><b>Transaction ID : SB17.11544</b> |
| City<br>Evansville   | State<br>IN   |  |
| Zip Code<br>47711  | Purpose of Disbursement<br>Payroll  | Category/<br>Type<br>001   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Merchant Service c/o Old National Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 02 / 2012                          |
| Mailing Address PO Box 718   |  | Amount of Each Disbursement this Period<br>30.00<br><b>Transaction ID : SB17.11067</b> |
| City<br>Evansville   | State<br>IN  |  |
| Zip Code<br>47705  | Purpose of Disbursement<br>Credit Card Processing Fees   | Category/<br>Type<br>003   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Merchant Service c/o Old National Bank</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 02 / 2012                          |
| Mailing Address PO Box 718   |   | Amount of Each Disbursement this Period<br>30.00<br><b>Transaction ID : SB17.11068</b> |
| City<br>Evansville   | State<br>IN   |  |
| Zip Code<br>47705  | Purpose of Disbursement<br>Credit Card Processing Fees  | Category/<br>Type<br>003   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1293.61 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 98 OF 122                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Merchant Service c/o Old National Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 04 / 2012                          |
| Mailing Address PO Box 718   |  | Amount of Each Disbursement this Period<br>30.00<br><b>Transaction ID : SB17.11472</b> |
| City<br>Evansville   | State<br>IN  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees   |  | Category/<br>Type<br>003   |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN  | District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Merchant Service c/o Old National Bank</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 04 / 2012                          |
| Mailing Address PO Box 718   |  | Amount of Each Disbursement this Period<br>30.00<br><b>Transaction ID : SB17.11473</b> |
| City<br>Evansville   | State<br>IN  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees   |  | Category/<br>Type<br>003   |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN  | District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Meridian Hills Country Club</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012                            |
| Mailing Address 7099 Spring Mill Road  |  | Amount of Each Disbursement this Period<br>1966.93<br><b>Transaction ID : SB17.11128</b> |
| City<br>Indianapolis   | State<br>IN  |  |
| Purpose of Disbursement<br>Catering  |  | Category/<br>Type<br>007   |
| Candidate Name<br><b>Bucshon for Congress</b>  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: IN  | District: 08   |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2026.93 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 99 OF 122                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Ryan Patrick Murphy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2012                            |
| Mailing Address 4001 Weyburn Place   |  | Amount of Each Disbursement this Period<br>1769.72<br><b>Transaction ID : SB17.11045</b> |
| City<br>Plano  | State<br>TX  |  |
| Zip Code<br>75023  | Purpose of Disbursement<br>Payroll   | Category/<br>Type<br>001   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Ryan Patrick Murphy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 10 / 2012                           |
| Mailing Address 4001 Weyburn Place   |  | Amount of Each Disbursement this Period<br>526.50<br><b>Transaction ID : SB17.11139</b> |
| City<br>Plano  | State<br>TX  |   |
| Zip Code<br>75023  | Purpose of Disbursement<br>Mileage Reimbursement   | Category/<br>Type<br>002  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Mr. Ryan Patrick Murphy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 15 / 2012                            |
| Mailing Address 4001 Weyburn Place   |  | Amount of Each Disbursement this Period<br>1769.71<br><b>Transaction ID : SB17.11140</b> |
| City<br>Plano  | State<br>TX  |  |
| Zip Code<br>75023  | Purpose of Disbursement<br>Payroll   | Category/<br>Type<br>001   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4065.93 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 100 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Ryan Patrick Murphy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 15 / 2012                          |
| Mailing Address 4001 Weyburn Place   |  | Amount of Each Disbursement this Period<br>93.11<br><b>Transaction ID : SB17.11141</b> |
| City<br>Plano  | State<br>TX  |  |
| Zip Code<br>75023  | Purpose of Disbursement<br>Mileage Reimbursement   | Category/<br>Type<br>002   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Ryan Patrick Murphy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 01 / 2012                            |
| Mailing Address 4001 Weyburn Place   |  | Amount of Each Disbursement this Period<br>1769.72<br><b>Transaction ID : SB17.11360</b> |
| City<br>Plano  | State<br>TX  |  |
| Zip Code<br>75023  | Purpose of Disbursement<br>Payroll   | Category/<br>Type<br>001   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Mr. Ryan Patrick Murphy</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 01 / 2012                           |
| Mailing Address 4001 Weyburn Place   |  | Amount of Each Disbursement this Period<br>117.00<br><b>Transaction ID : SB17.11370</b> |
| City<br>Plano  | State<br>TX  |   |
| Zip Code<br>75023  | Purpose of Disbursement<br>Mileage Reimbursement   | Category/<br>Type<br>002  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1979.83 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 101 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Ryan Patrick Murphy</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>06 / 15 / 2012</b>                     |
| Mailing Address 4001 Weyburn Place   |   | Amount of Each Disbursement this Period<br><b>1769.71</b><br>Transaction ID : SB17.11545 |
| City<br>Plano  | State<br>TX   |  |
| Zip Code<br>75023  | Purpose of Disbursement<br>Payroll  | Category/<br>Type<br><b>001</b>  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Old National Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>05 / 15 / 2012</b>                     |
| Mailing Address 8577 Ruffian Lane  |   | Amount of Each Disbursement this Period<br><b>2177.40</b><br>Transaction ID : SB17.11132 |
| City<br>Newburgh   | State<br>IN   |  |
| Zip Code<br>47630  | Purpose of Disbursement<br>Payroll Taxes  | Category/<br>Type<br><b>001</b>  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Old National Bank</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>06 / 15 / 2012</b>                     |
| Mailing Address 8577 Ruffian Lane  |   | Amount of Each Disbursement this Period<br><b>1439.10</b><br>Transaction ID : SB17.11526 |
| City<br>Newburgh   | State<br>IN   |  |
| Zip Code<br>47630  | Purpose of Disbursement<br>Payroll Taxes  | Category/<br>Type<br><b>001</b>  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>5386.21</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 102 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 19 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : SB17.10918</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 20 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : SB17.10960</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 21 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : SB17.10971</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 13.50 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 103 OF 122                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 24 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>45.00<br><b>Transaction ID : SB17.11015</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>11.25<br><b>Transaction ID : SB17.11016</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>9.00<br><b>Transaction ID : SB17.11017</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 65.25 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 104 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : SB17.11040</b> |
| City San Francisco  | State CA Zip Code 94105   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>2.25<br><b>Transaction ID : SB17.11041</b> |
| City San Francisco  | State CA Zip Code 94105   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>04 / 25 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.11042</b> |
| City San Francisco  | State CA Zip Code 94105   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |



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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 105 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>11.25<br><b>Transaction ID : SB17.11062</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>67.50<br><b>Transaction ID : SB17.11093</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 05 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11094</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 101.25 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 106 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11095</b> |
| City San Francisco  | State CA Zip Code 94105   |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>45.00<br><b>Transaction ID : SB17.11096</b> |
| City San Francisco  | State CA Zip Code 94105   |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.11135</b> |
| City San Francisco  | State CA Zip Code 94105   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 68.63 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 107 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 14 / 2012                               |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11366</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 22 / 2012                              |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>6.75<br><b>Transaction ID : SB17.11367</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>05 / 23 / 2012                               |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11368</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 51.75 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 108 OF 122                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 29 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>11.25<br><b>Transaction ID : SB17.11525</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 15 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>29.00<br><b>Transaction ID : SB17.11546</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 22 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11633</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 62.75 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 109 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 22 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>0.23<br><b>Transaction ID : SB17.11634</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 23 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>0.45<br><b>Transaction ID : SB17.11635</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 24 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11636</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 23.18 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 110 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 25 / 2012                              |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>2.25<br><b>Transaction ID : SB17.11637</b> |
| City San Francisco  | State CA Zip Code 94105   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 25 / 2012                              |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>0.45<br><b>Transaction ID : SB17.11638</b> |
| City San Francisco  | State CA Zip Code 94105   |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 25 / 2012                               |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>45.00<br><b>Transaction ID : SB17.11639</b> |
| City San Francisco  | State CA Zip Code 94105   |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| State: IN District: 08  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |  |

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|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 47.70 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 111 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 26 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>11.25<br><b>Transaction ID : SB17.11640</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 26 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>45.00<br><b>Transaction ID : SB17.11641</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 26 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>45.00<br><b>Transaction ID : SB17.11642</b> |
| City San Francisco  | State CA Zip Code 94105  |  |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |  |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 101.25 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 112 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 27 / 2012                               |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>11.25<br><b>Transaction ID : SB17.11643</b> |
| City San Francisco State CA Zip Code 94105                      | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 27 / 2012                               |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>11.25<br><b>Transaction ID : SB17.11644</b> |
| City San Francisco State CA Zip Code 94105                      | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |   | Date of Disbursement<br>MM / DD / YYYY<br>06 / 28 / 2012                               |
| Mailing Address 144 2nd Street<br>1st Floor                     |   | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11645</b> |
| City San Francisco State CA Zip Code 94105                      | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |  |
| State: IN District: 08  |   |  |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 45.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |



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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 113 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 28 / 2012                              |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.11646</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 28 / 2012                              |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>2.25<br><b>Transaction ID : SB17.11647</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 28 / 2012                              |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : SB17.11648</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                 |  |  |  |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 114 OF 122 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2012                          |
| Mailing Address 144 2nd Street<br>1st Floor  |   | Amount of Each Disbursement this Period<br>22.50<br><b>Transaction ID : SB17.11649</b> |
| City San Francisco State CA Zip Code 94105   | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor  |   | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.11650</b> |
| City San Francisco State CA Zip Code 94105   | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor  |   | Amount of Each Disbursement this Period<br>2.25<br><b>Transaction ID : SB17.11651</b> |
| City San Francisco State CA Zip Code 94105   | Purpose of Disbursement<br>Credit Card Processing Fees<br>003<br>Category/Type  |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 25.88 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 115 OF 122                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>4.50<br><b>Transaction ID : SB17.11652</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 30 / 2012                         |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.11653</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Piryx Inc.</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 30 / 2012                           |
| Mailing Address 144 2nd Street<br>1st Floor                     |  | Amount of Each Disbursement this Period<br>112.50<br><b>Transaction ID : SB17.11654</b> |
| City San Francisco  | State CA Zip Code 94105  |   |
| Purpose of Disbursement<br>Credit Card Processing Fees          | Category/Type<br>003   |   |
| Candidate Name<br><b>Bucshon for Congress</b>                   | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President  |   |
| State: IN District: 08  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 118.13 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 116 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Mr. Steven L. Reeves</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 04 / 2012                           |
| Mailing Address 113 Olive Drive  |  | Amount of Each Disbursement this Period<br>782.50<br><b>Transaction ID : SB17.11072</b> |
| City<br>Princeton  | State<br>IN  |   |
| Zip Code<br>47670  | Purpose of Disbursement<br>Fundraising Consultant Fees   | Category/<br>Type<br>003  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. Steven L. Reeves</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 12 / 2012                            |
| Mailing Address 113 Olive Drive  |  | Amount of Each Disbursement this Period<br>2339.50<br><b>Transaction ID : SB17.11537</b> |
| City<br>Princeton  | State<br>IN  |  |
| Zip Code<br>47670  | Purpose of Disbursement<br>Fundraising Consultant Fees   | Category/<br>Type<br>003   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Safeguard Business Systems</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 04 / 2012                           |
| Mailing Address PO Box 88043   |  | Amount of Each Disbursement this Period<br>105.29<br><b>Transaction ID : SB17.11377</b> |
| City<br>Chicago  | State<br>IL  |   |
| Zip Code<br>60680-1043   | Purpose of Disbursement<br>Laser Checks  | Category/<br>Type<br>001  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3227.29 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 117 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Scott Romer Photography</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 04 / 2012  |
| Mailing Address 3348 Bulford Avenue  |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.11074</b>                                     |
| City Indianapolis State IN Zip Code 46205                                    | Purpose of Disbursement Photography services<br>007<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                                | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The Prosper Group Corporation</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012  |
| Mailing Address 435 E. Main Street Suite 250                                       |   | Amount of Each Disbursement this Period<br>2325.00<br><b>Transaction ID : SB17.11105</b>                                     |
| City Greenwood State IN Zip Code 46143   | Purpose of Disbursement Website Development<br>004<br>Category/Type   |  |
| Candidate Name<br><b>Bucshon for Congress</b>                                      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Prosper Group Corporation</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 07 / 2012  |
| Mailing Address 435 E. Main Street Suite 250                                       |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.11106</b>                                     |
| City Greenwood State IN Zip Code 46143   | Purpose of Disbursement Mailer - labels and list<br>004<br>Category/Type  |  |
| Candidate Name<br><b>Bucshon for Congress</b>                                      | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4325.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 118 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. The Prosper Group Corporation</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 11 / 2012                            |
| Mailing Address 435 E. Main Street<br>Suite 250  |   | Amount of Each Disbursement this Period<br>2600.81<br><b>Transaction ID : SB17.11522</b> |
| City Greenwood State IN Zip Code 46143   | Purpose of Disbursement Website Development<br>004<br>Category/Type   |  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mr. James O. Town</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2012                           |
| Mailing Address 155 Brentwood Circle   |   | Amount of Each Disbursement this Period<br>810.10<br><b>Transaction ID : SB17.11046</b> |
| City Evansville State IN Zip Code 47715  | Purpose of Disbursement Payroll<br>001<br>Category/Type   |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USINCUBATOR, LLC</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 01 / 2012                           |
| Mailing Address 815 John Street<br>Suite 110   |   | Amount of Each Disbursement this Period<br>520.00<br><b>Transaction ID : SB17.11044</b> |
| City Evansville State IN Zip Code 47713  | Purpose of Disbursement Rent<br>001<br>Category/Type  |   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08 |   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |   |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3930.91 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 119 OF 122                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USINCUBATOR, LLC</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 01 / 2012                           |
| Mailing Address 815 John Street<br>Suite 110   |   | Amount of Each Disbursement this Period<br>520.00<br><b>Transaction ID : SB17.11359</b> |
| City<br>Evansville   | State<br>IN   |   |
| Zip Code<br>47713  | Purpose of Disbursement<br>Rent   | Category/<br>Type<br>001  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>05 / 09 / 2012                           |
| Mailing Address PO Box 25505   |   | Amount of Each Disbursement this Period<br>213.00<br><b>Transaction ID : SB17.11130</b> |
| City<br>Lehigh Valley  | State<br>PA   |   |
| Zip Code<br>18002-5505   | Purpose of Disbursement<br>Cell Phone Usage   | Category/<br>Type<br>001  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Verizon Wireless</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 07 / 2012                           |
| Mailing Address PO Box 25505   |   | Amount of Each Disbursement this Period<br>213.00<br><b>Transaction ID : SB17.11523</b> |
| City<br>Lehigh Valley  | State<br>PA   |   |
| Zip Code<br>18002-5505   | Purpose of Disbursement<br>Cell Phone Usage   | Category/<br>Type<br>001  |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 946.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 85693.09 |

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

|   |  |                 |  |  |  |
|---|--|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 120 OF 122 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |                        |  |
|--|------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dr. Tony E. Hood</b>  |                        | Date of Disbursement<br>MM / DD / YYYY<br>06 / 18 / 2012   |
| Mailing Address 9300 Poplar Ridge Lane   |                        | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB20A.11548</b>  |
| City<br>Evansville   | State<br>IN            |  |
| Zip Code<br>47720  |                        | Category/<br>Type<br>010   |
| Purpose of Disbursement<br>Contribution refund   |                        |  |
| Candidate Name<br><b>Bucshon for Congress</b>  |                        | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: IN District: 08 |  |

|   |                  |  |
|---|------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |                  | Date of Disbursement<br>MM / DD / YYYY   |
| Mailing Address   |                  | Amount of Each Disbursement this Period  |
| City  | State            |  |
| Zip Code  |                  | Category/<br>Type  |
| Purpose of Disbursement   |                  |  |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |

|   |                  |  |
|---|------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |                  | Date of Disbursement<br>MM / DD / YYYY   |
| Mailing Address   |                  | Amount of Each Disbursement this Period  |
| City  | State            |  |
| Zip Code  |                  | Category/<br>Type  |
| Purpose of Disbursement   |                  |  |
| Candidate Name  |                  | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | State: District: |  |

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



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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 121 OF 122                     |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Committee to Elect Alan Morrison</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>04 / 30 / 2012</b>                    |
| Mailing Address PO Box 583   |  | Amount of Each Disbursement this Period<br>500.00<br><b>Transaction ID : SB21.11808</b> |
| City<br>Seelyville   | State<br>IN  |   |
| Zip Code<br>47878  | Purpose of Disbursement<br>Non Federal Contribution  | Category/<br>Type<br><b>011</b>   |
| Candidate Name<br><b>Bucshon for Congress</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: IN District: 08   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |   | Amount of Each Disbursement this Period     |
| City   | State   |   |
| Zip Code   | Purpose of Disbursement   | Category/<br>Type                           |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address  |   | Amount of Each Disbursement this Period     |
| City   | State   |   |
| Zip Code   | Purpose of Disbursement   | Category/<br>Type                           |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 500.00 |

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

NAME OF COMMITTEE (In Full)  
**Bucshon for Congress**

|  |       |  |
|--|-------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Bankcard Center</b> |       | Nature of Debt (Purpose):<br>Website, Ink Cartridges, Fuel, Postage, Paper |
| Mailing Address PO Box 569200  |       |  |
| City   | State | Zip Code   |
| Dallas   | TX    | 75356  |

|   |                                    |   |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | <b>Transaction ID : SD10.11573</b> |   |
| <input type="text" value="0.00"/>         |                                    |   |
| Amount Incurred This Period               | Payment This Period                | Outstanding Balance at Close of This Period |
| <input type="text" value="1111.99"/>      | <input type="text" value="0.00"/>  | <input type="text" value="1111.99"/>        |

|   |       |   |
|---|-------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>BKD, LLP</b> |       | Nature of Debt (Purpose):<br>Bookkeeping Fees |
| Mailing Address PO Box 1178   |       |   |
| City  | State | Zip Code                                      |
| Louisville  | KY    | 40201-1178                                    |

|   |                                    |   |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | <b>Transaction ID : SD10.11574</b> |   |
| <input type="text" value="0.00"/>         |                                    |   |
| Amount Incurred This Period               | Payment This Period                | Outstanding Balance at Close of This Period |
| <input type="text" value="1752.75"/>      | <input type="text" value="0.00"/>  | <input type="text" value="1752.75"/>        |

|  |       |   |
|--|-------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Public Opinion Strategies LLC</b> |       | Nature of Debt (Purpose):<br>Polling Expenses |
| Mailing Address 214 North Fayette Street   |       |   |
| City   | State | Zip Code                                      |
| Alexandra  | VA    | 22314   |

|   |                                    |   |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | <b>Transaction ID : SD10.11575</b> |   |
| <input type="text" value="0.00"/>         |                                    |   |
| Amount Incurred This Period               | Payment This Period                | Outstanding Balance at Close of This Period |
| <input type="text" value="20500.00"/>     | <input type="text" value="0.00"/>  | <input type="text" value="20500.00"/>       |

|  |                                       |
|--|---------------------------------------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional) .....                                       | <input type="text" value="23364.74"/> |
| 2) <b>TOTALS</b> This Period (last page this line number only) .....                             | <input type="text" value="23364.74"/> |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....                          | <input type="text" value="0.00"/>     |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="23364.74"/> |