

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 77

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

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)
SCHEIDLER, DAVID, M., DR.,
Mailing Address 4962 WOODFIELD DRIVE

City CARMEL	State IN	Zip Code 46033-9427
----------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
UROLOGY OF INDIANAOccupation
PHYSICIAN

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11A.7167

Amount of Each Receipt this Period

700.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCHLUETER, JOHN, , DR.,
Mailing Address 11551 WILLOW SPRINGS DRIVE

City ZIONSVILLE	State IN	Zip Code 46077-7830
--------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
UROLOGY OF INDIANAOccupation
PHYSICIAN

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11A.7173

Amount of Each Receipt this Period

700.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SCHWAB, CHARLES, WILLIAM, DR.,
Mailing Address 6240 STONEGATE LANE

City ZIONSVILLE	State IN	Zip Code 46077-8264
--------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
UROLOGY OF INDIANAOccupation
PHYSICIAN

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11A.7165

Amount of Each Receipt this Period

700.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

2100.00

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