

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Example: If typing, type over the lines.

12FE4M5

Visclosky for Congress

ADDRESS (number and street) ▼

Post Office Box 10003

Check if different than previously reported. (ACC)

Merrillville

IN

46411

2. **FEC IDENTIFICATION NUMBER** ▼

C C00166504

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

IN 01

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 Michael Malczewski

Signature of Treasurer Michael Malczewski

[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.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	142170.34	483634.11
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	142070.34	483534.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	58886.91	321978.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	58886.91	321978.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	391397.95	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Visclosky for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	59669.00	164479.33
(ii) Unitemized.....	1.34	1.90
(iii) TOTAL of contributions from individuals ▶	59670.34	164481.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	82500.00	319152.88
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	142170.34	483634.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	23.63	23.63
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	142193.97	483657.74

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	58886.91	321978.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	100.00
21. OTHER DISBURSEMENTS .....	10250.00	86495.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69236.91	408573.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	318440.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	142193.97
25. SUBTOTAL (add Line 23 and Line 24).....	460634.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69236.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	391397.95

**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 102  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Rajive Adlaka**

Mailing Address 1913 Briarwood Cir

City State Zip Code  
Munster IN 46321-3862

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

Name of Employer Occupation  
Pain Control Associates Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 26 2015

**Transaction ID : VR0CSEB81W6**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 8820 Indianapolis Blvd

City State Zip Code  
Highland IN 46322-1552

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

Name of Employer Occupation  
Allard Rental Corp. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 02 2015

**Transaction ID : VR0CSCEBR89**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1109 Glendale Boulevard

City State Zip Code  
Valparaiso IN 46383-3724

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

Name of Employer Occupation  
Self Employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 26 2015

**Transaction ID : VR0CSEB82M5**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 6 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Roosevelt Allen Jr.**

Mailing Address 2209 W 5th Ave

City State Zip Code  
Gary IN 46404-1328

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

Name of Employer Occupation  
Lake County Commissioner Lake County Commissioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSEB8215**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Donald L. Babcock Jr.**

Mailing Address PO Box 726  
631 Lakefront Drive

City State Zip Code  
Beverly Shores IN 46301-0726

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

Name of Employer Occupation  
NIPSCO Director of Economic Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015

**Transaction ID : VR0CSEB82Y4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 8244 Calumet Avenue

City State Zip Code  
Munster IN 46321

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

Name of Employer Occupation  
Miss Print Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB84A0**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 7 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Bharat H. Barai**

Mailing Address 9903 Twin Creek Blvd

City Munster State IN Zip Code 46321-4231

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

Name of Employer Suniti Medical Group Occupation Doctor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8332**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 202 S Colorado St

City Hobart State IN Zip Code 46342

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCDC866**

Amount of Each Receipt this Period  
 5.00

Memo Item

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

Mailing Address 13232 Lake Shore Dr  
Unit 201

City Cedar Lake State IN Zip Code 46303-7179

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

Name of Employer South Shore Convention Visitors Associ Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82C2**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

1505.00

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jim Bloom**

Mailing Address 1412 W 1st Pl

City Hobart State IN Zip Code 46342

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTN0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

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

Mailing Address 24 Crest Drive

City Dune Acres State IN Zip Code 46304-1005

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

Name of Employer Information Requested Occupation Information Requested

N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCDA9S4**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 20.00

Memo Item

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

Mailing Address 114 N Washington St

City Hobart State IN Zip Code 46342

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

Name of Employer Information Requested Occupation Information Requested

N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTR3**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item

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

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

\_\_\_\_\_ 270.00

\_\_\_\_\_



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

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

FOR LINE NUMBER: PAGE 9 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Violet Burke**

Mailing Address 1122 Camelot Manor

City State Zip Code  
Portage IN 46368

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYV20**

Amount of Each Receipt this Period  
 20.00

Memo Item

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

Mailing Address 238 Buckingham Lane

City State Zip Code  
Scherverville IN 46375

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

Name of Employer Occupation  
City of Hammond Director, Planning and Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSE93RW3**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 181 Heatherhill Dr

City State Zip Code  
Valparaiso IN 46385-6027

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

Name of Employer Occupation  
Burke, Constanza, & Carberry LLP Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : VR0CSEHS422**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

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

370.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Oryn Carlisle Jr.**

Mailing Address 2754 Arran Quay Ter

City Valparaiso State IN Zip Code 46385-8050

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

Name of Employer Carlisle Restaurants, Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS6S7**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 714 S 18th St

City Chesterton State IN Zip Code 46304

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCEBRE6**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 9840 Garden Way

City Saint John State IN Zip Code 46373

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

Name of Employer VP, Environmental Safety Occupation NiSource

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSE93RK1**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

720.00

**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 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dana Caylor**

Mailing Address 1625 West Old Ridge Road

City State Zip Code  
Hobart IN 46342

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTP8**

Amount of Each Receipt this Period  
 20.00

Memo Item

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

Mailing Address 4800 Dexter Street, NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation Information Requested  
Duberstein Group Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VR0CSESNFF5**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 1041 Killarney Dr

City State Zip Code  
Dyer IN 46311-1294

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

Name of Employer Occupation Information Requested  
Self Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHYT95**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

1020.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 102

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

**A.** Full Name (Last, First, Middle Initial)  
**Ilwoong W. Chang**

Mailing Address 518 Wilderness Dr

City Schererville State IN Zip Code 46375-2906

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82A6**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 574 Vernon Woods Drive

City Valparaiso State IN Zip Code 46385

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

Name of Employer Lakeshore Anesthesia Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : VR0CSCGPVM1**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 60 Kilmartin Ct

City Valparaiso State IN Zip Code 46385-9304

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015

**Transaction ID : VR0CSERZ077**

Amount of Each Receipt this Period  
 25.00

Memo Item

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

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

1025.00

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Howard Cohen**

Mailing Address 6330 Moraine Avenue

City Hammond State IN Zip Code 46324-1036

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

Name of Employer Occupation  
Purdue University Calumet Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8265**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 420 North Lillian Street

City Griffith State IN Zip Code 46319-2680

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

Name of Employer Occupation  
ArcelorMittal Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCDFP45**

Amount of Each Receipt this Period  
10.00

Memo Item

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

Mailing Address 1057 Royal Dublin Ln

City Dyer State IN Zip Code 46311-1280

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

Name of Employer Occupation  
Midwest Interventional Spine Specialis Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VR0CSEHS6K0**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1010.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 102

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)  
**Visclosky for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vijay Dave**

Mailing Address 10425 Spencer Ct

City Munster State IN Zip Code 46321-2825

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

Name of Employer Cardiovascular Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB83B5**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 5031 Crane Ct

City Schererville State IN Zip Code 46375-3424

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

Name of Employer Cimcor Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSEB83N4**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 175 E Delaware Pl Apt 7706

City Chicago State IL Zip Code 60611-7742

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCDSKQ6**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

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

2750.00

**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 15 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Claudia Earls</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2015	
Mailing Address 8813 Blooming Grove Dr		<b>Transaction ID : VR0CSE93RQ3</b>	
City State Zip Code Camby IN 46113-8214	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Memo Item		
Name of Employer Occupation NiSource Assistant General Counsel	Election Cycle-to-Date _____ 250.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Vic Fazio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2015	
Mailing Address 1333 New Hamp Ave		<b>Transaction ID : VR0CSEEHMH6</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Memo Item		
Name of Employer Occupation Akin gump Senior advisor	Election Cycle-to-Date _____ 500.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Timothy Fesko</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 11 / 2015	
Mailing Address 818 Killarney Dr		<b>Transaction ID : VR0CSEHS626</b>	
City State Zip Code Dyer IN 46311-3702	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Memo Item		
Name of Employer Occupation N/A Retired	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<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 16 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 8565 W 105th Ave

City Saint John State IN Zip Code 46373-8615

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

Name of Employer NIPSCO Occupation Chief Operations Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015

**Transaction ID : VR0CSE93R43**

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

Memo Item

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

Mailing Address 1510 West 94th Avenue

City Crown Point State IN Zip Code 46307

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

Name of Employer Self Occupation Construction

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTM2**

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

Memo Item

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

Mailing Address 200 Burlington Beach Road

City Valparaiso State IN Zip Code 46383

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2015

**Transaction ID : VR0CSEHRF44**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

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

\_\_\_\_\_ 1100.00

\_\_\_\_\_



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

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

FOR LINE NUMBER: PAGE 17 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Shaw Friedman**

Mailing Address 21 Greenacres

City State Zip Code  
La Porte IN 46350-6051

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

Name of Employer Occupation  
Friedman & Associates Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

**Transaction ID : VR0CSEHYT87**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address 4715 Main Street

City State Zip Code  
Belleville IL 62226

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

Name of Employer Occupation  
Self Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHYW81**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 447 Surrey Hill Ln

City State Zip Code  
Valparaiso IN 46385-8077

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

Name of Employer Occupation  
Employer Benefit Systems Partner / Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82H1**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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 18 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Will Glaros**

Mailing Address **PO Box 184**

City **Dyer** State **IN** Zip Code **46311-0184**

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

Name of Employer **Employer Benefit Systems** Occupation **Owner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2015**

**Transaction ID : VR0CSEB8272**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Philip J. Grenchik Sr.**

Mailing Address **40 Sunset Trl**

City **Portage** State **IN** Zip Code **46368-8718**

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

Name of Employer **Self** Occupation **Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2015**

**Transaction ID : VR0CSEHS7B9**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

Mailing Address **2225 Cook Court**

City **Schererville** State **IN** Zip Code **46375-3084**

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

Name of Employer **Grimmer Construction Inc.** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2015**

**Transaction ID : VR0CSEHS794**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1500.00**

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

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

FOR LINE NUMBER: PAGE 19 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Vijay K. Gupta**

Mailing Address 1550 Cambridge Ave

City State Zip Code  
Flossmoor IL 60422-2126

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

Name of Employer Occupation  
Midwest Interventional Spine Specialis Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8298**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 437 Forestwood Dr

City State Zip Code  
Valparaiso IN 46385-7743

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2015

**Transaction ID : VR0CSEHS618**

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**William A. Hasse III**

Mailing Address 1148 Melbrook Dr

City State Zip Code  
Munster IN 46321-3007

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

Name of Employer Occupation  
Hasse Construction Company President/Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8257**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1526 Twelve Oaks Drive

City Munster State IN Zip Code 46321-2626

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

Name of Employer Sachs & Hess, PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB81V8**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1325 N State Pkwy Apt 16B

City Chicago State IL Zip Code 60610-6124

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

Name of Employer NiSource Occupation Executive Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82E8**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 444 South Street

City Crown Point State IN Zip Code 46307

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

Name of Employer South Shore Convention Visitors Associ Occupation Executive Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSE93RN7**

Amount of Each Receipt this Period  
250.00

Memo Item

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 780 West 200 North

City Valparaiso State IN Zip Code 46385

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

Name of Employer NIPSCO Occupation Sr VP, Electric Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8476**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address PO Box 11764

City Merrillville State IN Zip Code 46411

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

Name of Employer Arcelor Mittal Occupation Maintenance Electrical

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VR0CSEM0KM7**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 13702 W 180th Ln

City Lowell State IN Zip Code 46356-9400

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

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
21.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VR0CSF465N6**

Amount of Each Receipt this Period  
3.00

Memo Item

\* Earmarked Contribution: See Below

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

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

603.00

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

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

Election Cycle-to-Date **9.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2015**

**Transaction ID : VR0CSF465N6E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address **13702 W 180th Ln**

City **Lowell** State **IN** Zip Code **46356-9400**

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

Name of Employer **N/A** Occupation **Not Employed**

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

Election Cycle-to-Date **24.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 19 / 2015**

**Transaction ID : VR0CSF465R0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

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

Election Cycle-to-Date **9.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 22 / 2015**

**Transaction ID : VR0CSF465R0E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **3.00**

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **3.00**

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mark O. Jansen**

Mailing Address 13702 W 180th Ln

City State Zip Code  
Lowell IN 46356-9400

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

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**27.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 19 / 2015**

**Transaction ID : VR0CSF465V4**

Amount of Each Receipt this Period  
**3.00**

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 20 / 2015**

**Transaction ID : VR0CSF465V4E**

Amount of Each Receipt this Period  
**3.00**

Memo Item

Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Robert E. Johnson III**

Mailing Address 2722 Painted Leaf Ct

City State Zip Code  
Crown Point IN 46307-9579

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

Name of Employer Occupation  
Cimcor President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2015**

**Transaction ID : VR0CSEB83H2**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**503.00**

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

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

FOR LINE NUMBER: PAGE 24 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Kerry A. Keith**

Mailing Address 2425 Ontario St

City State Zip Code  
Portage IN 46368-2521

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

Name of Employer Occupation  
SEH, Inc. Client Service Management

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS6Q1**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 51320 Pebble Beach Ct

City State Zip Code  
Granger IN 46530-9689

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

Name of Employer Occupation  
Walsh & Kelly Construction Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCEBR63**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

Mailing Address 8661 Tapper St

City State Zip Code  
Saint John IN 46373-8910

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

Name of Employer Occupation  
American Structure Point Business Development

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS6W1**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

3700.00



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

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

FOR LINE NUMBER: PAGE 25 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Vance Kenney**

Mailing Address 1032 North Shelby Street

City State Zip Code  
Gary IN 46403-1445

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

Name of Employer Occupation  
K & S Enterprise, Inc. President/CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82T3**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 113 N Wisconsin St

City State Zip Code  
Hobart IN 46342

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTY9**

Amount of Each Receipt this Period  
 120.00

Memo Item

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

Mailing Address 420 N Cline Ave

City State Zip Code  
Griffith IN 46319

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTX1**

Amount of Each Receipt this Period  
 120.00

Memo Item

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

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

1240.00

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

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

FOR LINE NUMBER: PAGE 26 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Glenn Kincaid**

Mailing Address

City State Zip Code

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYV46**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

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

Mailing Address 5665 Carnation Ave

City State Zip Code  
 Portage IN 46368

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYV38**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

Memo Item

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

Mailing Address 1313 170th Street

City State Zip Code  
 Hammond IN 46324

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYV05**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 20.00

Memo Item

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

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

\_\_\_\_\_ 120.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 27 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Richard P. Komyatte**

Mailing Address 9100 Holly Ln

City Munster State IN Zip Code 46321-3013

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VR0CSERYZ67**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1449 Augusta Way

City Dyer State IN Zip Code 46311

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

Name of Employer Midwest Interventional Spine Specialis Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSE7MC54**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 3530 Manitou Trl

City Michigan City State IN Zip Code 46360-1067

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

Name of Employer President Occupation Konrady Plastics, Inc.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB81Y1**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 28 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Leah Konrady**

Mailing Address 3530 Manitou Trail

City Michigan City State IN Zip Code 46360

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

Name of Employer N/A Occupation N/A

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB84D3**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 105 Woodside Dr

City Michigan City State IN Zip Code 46360-7162

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

Name of Employer Franklin Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VR0CSEHS6P4**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 7600 Oak Ave

City Gary State IN Zip Code 46403-1361

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

Name of Employer Self Employed Occupation Private Security

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2015

**Transaction ID : VR0CSE93R19**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 29 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2620 W. Lincoln Highway  
Unit D

City State Zip Code  
Merrillville IN 46410

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : VR0CSCEVVP3**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3106 Condit St

City State Zip Code  
Highland IN 46322-1703

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

Name of Employer Trinity Christian College Occupation Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : VR0CSEHS7F1**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1165 Medlee Dr

City State Zip Code  
Hobart IN 46342-6515

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2015

**Transaction ID : VR0CSCGPRN2**

Amount of Each Receipt this Period  
20.00

Memo Item

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

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

620.00

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

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

FOR LINE NUMBER: PAGE 30 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Minas Litos**

Mailing Address 12385 Alvina Rose Ln

City State Zip Code  
Saint John IN 46373-9072

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

Name of Employer Occupation  
Scherville Round The Clock Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : VR0CSCEBR47**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address PO Box 518

City State Zip Code  
East Chicago IN 46312-0518

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

Name of Employer Occupation  
Actin Inc. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS6X9**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 1248 Royal Dublin Lane

City State Zip Code  
Dyer IN 46311

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

Name of Employer Occupation  
Reliable Builders Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSE93RC6**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

1100.00

**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 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rick Lynn**

Mailing Address 8 Valley Dr

City State Zip Code  
Portage IN 46368

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTF2**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 8877 Overlook Point

City State Zip Code  
Saint John IN 46373

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

Name of Employer Information Requested Occupation Information Requested  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2015

**Transaction ID : VR0CSEHYW98**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Marcus William Malczewski II**

Mailing Address 9208 Vigo St

City State Zip Code  
Crown Point IN 46307-8623

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

Name of Employer Information Requested Occupation Information Requested  
Self Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8373**

Amount of Each Receipt this Period  
1500.00

Memo Item

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 32 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Michael Craig Malczewski**

Mailing Address 6640 E 109th Ave

City State Zip Code  
Crown Point IN 46307-7518

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8381**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 475 Morningside Drive

City State Zip Code  
Crown Point IN 46307-5250

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82R7**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 5540 Johnson St

City State Zip Code  
Merrillville IN 46410-1923

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

Name of Employer NIPSCO Occupation Manager, Government Relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2015

**Transaction ID : VR0CSE93RH6**

Amount of Each Receipt this Period  
 150.00

Memo Item

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

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

2650.00



**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 33 OF 102

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

**A.** Full Name (Last, First, Middle Initial)  
**Mary Mojica**

Mailing Address 1684 Liberty St

City Hobart State IN Zip Code 46342

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTH8**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

Mailing Address 2945 Decatur St

City Lake Station State IN Zip Code 46405

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTW3**

Amount of Each Receipt this Period  
 100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen O'Leary**

Mailing Address 225 A St NE

City Washington State DC Zip Code 20002-7340

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

Name of Employer Information Requested Occupation Information Requested  
 NiSource Senior Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB83D1**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

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

2200.00

**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 34 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Sonja Ogrizovich**

Mailing Address 1916 Ada Lane

City Munster State IN Zip Code 46321

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSCDA8W5**

Amount of Each Receipt this Period  
20.00

Memo Item

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

Mailing Address 449 N 325 W

City Valparaiso State IN Zip Code 46385-8713

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

Name of Employer Short Elliot & Hendrickson Occupation Government Affairs Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : VR0CSEB8324**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 7107 Lincolnway

City Hobart State IN Zip Code 46342

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTE4**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

1520.00

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

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

FOR LINE NUMBER: PAGE 35 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jagdish R. Patel**

Mailing Address 1236 Saint Andrews Dr

City Schererville State IN Zip Code 46375-2932

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

Name of Employer Illiana Cardiovascular Consultants LLC Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2015

**Transaction ID : VR0CSE93R35**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 6050 Southport Road Suite A

City Portage State IN Zip Code 46368-6405

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

Name of Employer Construction Advancement Foundation Occupation Executive Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82S5**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 8252 Virginia St

City Merrillville State IN Zip Code 46410-5570

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

Name of Employer Alliance Group Technologies Company Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB83V1**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Bharat K. Pithadia**

Mailing Address 502 Fordwick Lane

City Valparaiso State IN Zip Code 46383-1441

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSE7DQ55**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 1 North Pennsylvania Street Suite 530

City Indianapolis State IN Zip Code 46204

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB84F9**

Amount of Each Receipt this Period  
500.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 1 N Pennsylvania St Ste 530

City Indianapolis State IN Zip Code 46204-3110

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

Name of Employer Policy Analytics Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSF4JA57**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 37 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Policy Analytics, LLC**

Mailing Address 1 North Pennsylvania Street  
Suite 530

City Indianapolis State IN Zip Code 46204

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB84G7**

Amount of Each Receipt this Period  
500.00

Memo Item

LLC - Members below if itemized. Permissible funds.

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

Mailing Address 1 N Pennsylvania St  
Ste 530

City Indianapolis State IN Zip Code 46204-3110

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

Name of Employer Occupation  
Policy Analytics President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSF4JA99**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mamon M. Powers Jr.**

Mailing Address 352 Devon Rd

City Valparaiso State IN Zip Code 46385-7704

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

Name of Employer Occupation  
Powers & Sons Construction Co., Inc. CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : VR0CSEHS525**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 38 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Margo Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Muirfield Dr  
 City Dyer State IN Zip Code 46311-1258  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2015  
**Transaction ID : VR0CSEHS6J2**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Sanjeev Rastogi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10326 Sandy Ln  
 City Munster State IN Zip Code 46321-4333  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Physician  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : VR0CSEB8223**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Mara Candelaria Reardon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1336 Fran Lin Pkwy  
 City Munster State IN Zip Code 46321-3706  
 FEC ID number of contributing federal political committee. C  
 Name of Employer N/A Occupation Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : VR0CSEB8207**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 39 OF 102

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

**A.** Full Name (Last, First, Middle Initial)  
**Tim Rice**

Mailing Address 622 Versailles Dr

City Valparaiso State IN Zip Code 46383-6801

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

Name of Employer Lakeside Wealth Management Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015

**Transaction ID : VR0CSEHS7C7**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 199 Amhurst Pl

City Valparaiso State IN Zip Code 46385-8031

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

Name of Employer Self Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82P1**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 2910 Walnut Lane

City Hobart State IN Zip Code 46342

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

Name of Employer Best Efforts Occupation Best Efforts

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTS1**

Amount of Each Receipt this Period  
 200.00

Memo Item

**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: (check only one)	PAGE 40 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mohammed Saleem**

Mailing Address 6609 North Leroy

City Lincolnwood State IL Zip Code 60712

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

Name of Employer President Occupation AES Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS4H0**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 1204 Theresa Dr

City Schererville State IN Zip Code 46375-1547

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

Name of Employer Dean Sangalis and Associates Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : VR0CSEHS760**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 294 Joliet Rd

City Valparaiso State IN Zip Code 46385-9342

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

Name of Employer Grand Corporation Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS6R9**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: PAGE 41 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Leonard Schmidt**

Mailing Address 58 Kilmartin Court

City Valparaiso State IN Zip Code 46385-9304

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

Name of Employer Community Healthnet, Inc. Occupation Business Development Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VR0CSEHS6Y7**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 20.00

Memo Item

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

Mailing Address 4054 Wabash Ave

City Hammond State IN Zip Code 46327-1219

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHREE0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 750.00

Memo Item

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

Mailing Address 1117 Portmarnock Ct

City Dyer State IN Zip Code 46311-1263

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

Name of Employer Community Hospital Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82X6**

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

Memo Item

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

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

\_\_\_\_\_ 1770.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mary Ann Shacklett**

Mailing Address 9916 Tanglewood Ct

City Munster State IN Zip Code 46321-3835

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

Name of Employer Community Foundation of NWI, Inc. Occupation Sr. Vice President of Finance & CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : VR0CSCEBRA4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 10411 Victoria Ct

City Munster State IN Zip Code 46321-2827

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

Name of Employer Suchita Shah Team McColly Team Occupation Sales Associate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHREY7**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Mailing Address 7639 Cambridge Lane

City Zionsville State IN Zip Code 46077

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

Name of Employer NIPSCO Occupation V.P. Regulatory and Legislative Affair

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : VR0CSE93RP5**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 43 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Violet G. Sistovaris**

Mailing Address 2640 E 111th Ct

City State Zip Code  
Crown Point IN 46307-8994

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

Name of Employer Occupation  
NiSource Executive Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSEB83F6**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

Mailing Address 4601 Thornbury Drive West

City State Zip Code  
Valparaiso IN 46383-0815

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

Name of Employer Occupation  
Self Real Estate Developer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2015

**Transaction ID : VR0CSEB81S2**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 18003 Lochcarron Lane

City State Zip Code  
Cornelius NC 28031

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

Name of Employer Occupation  
NiSource Chief Operating Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8450**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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: (check only one)	PAGE 44 OF 102
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Karl Stanley**

Mailing Address 673 Davis Cir

City State Zip Code  
Crown Point IN 46307-8997

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

Name of Employer Occupation  
NIPSCO Vice President, Commercial Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : VR0CSEB81Q6**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 46 East Rd

City State Zip Code  
Chesterton IN 46304-1035

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

Name of Employer Occupation  
Medical Specialists Center of IN Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : VR0CSEB82Z2**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 807 James Court

City State Zip Code  
Crown Point IN 46307

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : VR0CSEB82D0**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 45 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Henry A. Terhune**

Mailing Address 1333 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1500

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

Name of Employer Akin Gump Strauss Hauer & Feld LLP Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2015

**Transaction ID : VR0CSEHS4P0**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

Memo Item

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

Mailing Address 5229 Westchester Avenue

City Portage State IN Zip Code 46368

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VR0CSEHYTJ6**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item

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

Mailing Address 1960 Christenson Lane

City Schererville State IN Zip Code 46375

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : VR0CSEHS497**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item

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

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

\_\_\_\_\_ 550.00

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 46 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Glenn S. Vician**

Mailing Address 467 Scarborough Rd

City Valparaiso State IN Zip Code 46385-8013

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

Name of Employer Bowman, Heintz, Boscia & Vician Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB82K7**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 13901 Piscataway Dr

City Fort Washington State MD Zip Code 20744-6639

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

Name of Employer Self Occupation Catering

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

**Transaction ID : VR0CSERZ2R5**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 7348 Winchester Ln

City Schererville State IN Zip Code 46375-1680

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

Name of Employer Wieser & Wyllie Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEB8401**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 47 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Eileen Wisniewski**

Mailing Address 530 N. State Road 149

City Valparaiso State IN Zip Code 46385

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

Name of Employer For Goodness Sake Productions Occupation Filmmaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **20.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 01 / 2015**

**Transaction ID : VR0CSCDAE81**

Amount of Each Receipt this Period  
**20.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

**20.00**

**59669.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 102
	<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)  
**Visclosky for Congress**

**A. Aerospace Industries Association of America PAC**

Full Name (Last, First, Middle Initial)  
Aerospace Industries Association of America PAC

Mailing Address 1000 Wilson Boulevard  
Suite 1700

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00464453**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VR0CSESNFC1**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. Airline Pilots Association PAC**

Full Name (Last, First, Middle Initial)  
Airline Pilots Association PAC

Mailing Address 1625 Massachusetts Ave NW  
Fl 8

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VR0CSERZ2V9**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. AM General Sales Corporation PAC**

Full Name (Last, First, Middle Initial)  
AM General Sales Corporation PAC

Mailing Address 1600 Wilson Blvd  
Ste 905

City Arlington State VA Zip Code 22209-2505

FEC ID number of contributing federal political committee. **C C00282210**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : VR0CSERZ1E5**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**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 49 OF 102
	<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)  
**Visclosky for Congress**

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

Mailing Address 601 New Jersey Avenue, NW  
Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00360354**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VR0CSESNFJ8**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3959

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 26 / 2015

**Transaction ID : VR0CSEHS667**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1111 14th St NW  
Ste 1100

City Washington State DC Zip Code 20005-5683

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : VR0CSERYZY6**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 50 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**American Hospital Association PAC**

Mailing Address 800 - 10th Street, NW  
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VR0CSESNF14**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1300 L St NW

City Washington State DC Zip Code 20005-4179

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : VR0CSERYZA8**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 10 Longs Peak Dr

City Broomfield State CO Zip Code 80021-2510

FEC ID number of contributing federal political committee. **C C00039461**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2015

**Transaction ID : VR0CSEHS5C4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 102
	<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)  
**Visclosky for Congress**

**A. Blank Rome LLP PAC**

Full Name (Last, First, Middle Initial)  
Blank Rome LLP PAC

Mailing Address 600 New Hampshire Ave NW

City Washington State DC Zip Code 20037-2403

FEC ID number of contributing federal political committee. **C C00150797**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : VR0CSEHS4R6**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B. BNSF RailPAC**

Full Name (Last, First, Middle Initial)  
BNSF RailPAC

Mailing Address Post Office Box 961039

City Fort Worth State TX Zip Code 76161

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : VR0CSEHS590**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Boeing PAC**

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

Mailing Address 1200 Wilson Blvd

City Arlington State VA Zip Code 22209-2300

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VR0CSERZ2P9**

Amount of Each Receipt this Period  
 3000.00

Memo Item

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 102
	<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)  
**Visclosky for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**BP North America Employee PAC**

Mailing Address 4101 Winfield Rd  
# 106D

City Warrenville State IL Zip Code 60555-3521

FEC ID number of contributing federal political committee. **C C00060103**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : VR0CSERYZF8**

Amount of Each Receipt this Period  
 3000.00

Memo Item

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

Mailing Address 2016 Mount Athos Rd

City Lynchburg State VA Zip Code 24504-5447

FEC ID number of contributing federal political committee. **C C00365502**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : VR0CSERYZ74**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C. Full Name (Last, First, Middle Initial)**  
**Cobham Holdings Inc. PAC**

Mailing Address 2121 Crystal Dr  
Ste 625

City Arlington State VA Zip Code 22202-3797

FEC ID number of contributing federal political committee. **C C00457051**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 07 / 2015

**Transaction ID : VR0CSERYZC4**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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 53 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**CSX Corporation Good Government Fund**

Mailing Address 1331 Pennsylvania Avenue, NW  
Suite 560, National Place

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : VR0CSEHS4C1**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Cummins, Inc. PAC (CIPAC)**

Mailing Address 601 Pennsylvania Ave NW  
North Building Suite 625

City Washington State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VR0CSERZ2K6**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address PO Box 365

City Washington State DC Zip Code 20044-0365

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VR0CSE93R92**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**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: PAGE 54 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A. Dominion PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 26666  
 Post Office Box 26666  
 City Richmond State VA Zip Code 23261-6666  
 FEC ID number of contributing federal political committee. **C C00108209**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : VR0CSEHS5G5**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. DTE Energy PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 2nd Ave  
 City Detroit State MI Zip Code 48226-1203  
 FEC ID number of contributing federal political committee. **C C00081547**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : VR0CSEHS4D9**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. FEPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1951 Morthland Dr  
 City Valparaiso State IN Zip Code 46385-5440  
 FEC ID number of contributing federal political committee. **C C00278275**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2015  
**Transaction ID : VR0CSEB8357**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**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 55 OF 102  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**FLIR Systems Inc. PAC**

Mailing Address 27700 SW Parkway Ave

City State Zip Code  
Wilsonville OR 97070-8238

FEC ID number of contributing federal political committee. **C C00411454**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2015

**Transaction ID : VR0CSEHS4K6**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**FLIR Systems Inc. PAC**

Mailing Address 27700 SW Parkway Ave

City State Zip Code  
Wilsonville OR 97070-8238

FEC ID number of contributing federal political committee. **C C00411454**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : VR0CSERYW8**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Bud Cramer**

Mailing Address PO Box 2621

City State Zip Code  
Huntsville AL 35804-2621

FEC ID number of contributing federal political committee. **C C00239038**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2015

**Transaction ID : VR0CSEHS4M4**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 102
	<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)  
**Visclosky for Congress**

**A. General Dynamics VPCP**

Full Name (Last, First, Middle Initial)  
**General Dynamics VPCP**

Mailing Address 2941 Fairview Park Dr  
Ste 100

City Falls Church State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : VR0CSEHYT45**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. General Electric PAC**

Full Name (Last, First, Middle Initial)  
**General Electric PAC**

Mailing Address 1299 Pennsylvania Ave NW  
Ste 1100

City Washington State DC Zip Code 20004-2414

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VR0CSERZ028**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Goodyear Good Government Fund**

Full Name (Last, First, Middle Initial)  
**Goodyear Good Government Fund**

Mailing Address 1144 E Market St

City Akron State OH Zip Code 44316-1001

FEC ID number of contributing federal political committee. **C C00100131**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : VR0CSEHS5D2**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 102
	<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)  
**Visclosky for Congress**

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

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

FEC ID number of contributing federal political committee. **C** C00492082

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : VR0CSEHS675**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

FEC ID number of contributing federal political committee. **C** C00492082

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : VR0CSEHS683**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**International Association of Firefighters PAC**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5301

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : VR0CSESNF22**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: PAGE 58 OF 102  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**L-3 Communications PAC**

Mailing Address 600 3rd Ave

City State Zip Code  
New York NY 10016-1906

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 10 / 2015

**Transaction ID : VR0CSERZ0F0**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 1550 Crystal Dr  
Crystal Square Two, Suite 300

City State Zip Code  
Arlington VA 22202-4135

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : VR0CSEHYT79**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**MacAndrews & Forbes Holdings Inc. PAC**

Mailing Address 35 E 62nd St

City State Zip Code  
New York NY 10065-8014

FEC ID number of contributing federal political committee. **C C00432856**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : VR0CSEHYT53**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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 59 OF 102
	<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)  
**Visclosky for Congress**

**A. Midwest Region Laborers' Political League**

Full Name (Last, First, Middle Initial)  
Mailing Address 117 South 5th Street  
Suite 720

City Springfield State IL Zip Code 62701

FEC ID number of contributing federal political committee. **C** C00342907

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : VR0CSERZ138**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B. National Apartment Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 4300 Wilson Blvd  
Ste 400

City Arlington State VA Zip Code 22203-4168

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : VR0CSERZ010**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. National Association of Broadcasters PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1771 N Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00476952

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VR0CSESNF64**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 102
	<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)  
**Visclosky for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NiSource Inc. PAC**

Mailing Address 290 W Nationwide Blvd

City Columbus State OH Zip Code 43215-2561

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : VR0CSEB82G4**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 290 W Nationwide Blvd

City Columbus State OH Zip Code 43215-2561

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSEB83G4**

Amount of Each Receipt this Period  
4500.00

Memo Item

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

Mailing Address 290 W Nationwide Blvd

City Columbus State OH Zip Code 43215-2561

FEC ID number of contributing federal political committee. **C C00051979**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 16 / 2015

**Transaction ID : VR0CSEHS4X5**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 102
	<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)  
**Visclosky for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norfolk Southern Corp. Good Govt. Fund**

Mailing Address 3 Commercial Pl

City Norfolk State VA Zip Code 23510-2108

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : VR0CSF4JCB7**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 801 Pennsylvania Ave NW  
Ste 230

City Washington State DC Zip Code 20004-2697

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : VR0CSERYQ0**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Prudential Financial, Inc. PAC**

Mailing Address 751 Broad Street  
14th Floor

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C** C00127779

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 01 / 2015

**Transaction ID : VR0CSEHYWC2**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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: (check only one)	PAGE 62 OF 102
	<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)  
**Visclosky for Congress**

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

Mailing Address 141 Spring Street

City Lexington State MA Zip Code 02421-7860

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VR0CSEB81T0**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 141 Spring Street

City Lexington State MA Zip Code 02421-7860

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2015

**Transaction ID : VR0CSERZ0C7**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 141 Spring Street

City Lexington State MA Zip Code 02421-7860

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VR0CSERZ1Y0**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

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 63 OF 102
	<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)  
**Visclosky for Congress**

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

Mailing Address 141 Spring Street

City Lexington State MA Zip Code 02421-7860

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VR0CSERZ213**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : VR0CSF4JC68**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 10260 Campus Point Dr # F2

City San Diego State CA Zip Code 92121-1578

FEC ID number of contributing federal political committee. **C C00300418**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : VR0CSERYZ25**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 102
<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)  
**Visclosky for Congress**

**A. Seafarers Political Activity Donation (SPAD)**

Full Name (Last, First, Middle Initial)  
Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746-4211

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : VR0CSEHREN5**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Textron Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 40 Westminster St

City State Zip Code  
Providence RI 02903-2525

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : VR0CSEHS4Y3**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. The Committee to Elect Anthony Copeland**

Full Name (Last, First, Middle Initial)  
Mailing Address 2006 E 140th St

City State Zip Code  
East Chicago IN 46312-2815

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2015

**Transaction ID : VR0CSE93R69**

Amount of Each Receipt this Period  
500.00

Memo Item

Permissible funds

**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: PAGE 65 OF 102  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Vectren Employees Federal PAC**

Mailing Address **PO Box 209**

City **Evansville** State **IN** Zip Code **47702-0209**

FEC ID number of contributing federal political committee. **C C00240069**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
**10 / 16 / 2015**

**Transaction ID : VR0CSEHS659**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

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

**500.00**

**82500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 102
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Peoples Bank**

Mailing Address 9204 Columbia Ave

City Munster State IN Zip Code 46321-3571

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **23.63**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 18 / 2015**

**Transaction ID : VR0CSEHS7H7**

Amount of Each Receipt this Period  
**23.63**

Memo Item

Interest income

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

**23.63**

**23.63**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. ACME Print</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 1620 E Summit St		Amount of Each Disbursement this Period 689.35
City Crown Point	State IN	
Zip Code 46307-2793	Purpose of Disbursement Printing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TQF4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address PO Box 27866		Amount of Each Disbursement this Period 1.68
City Kansas City	State MO	
Zip Code 64184-0001	Purpose of Disbursement Phone Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TQT1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015
Mailing Address PO Box 27866		Amount of Each Disbursement this Period 327.67
City Kansas City	State MO	
Zip Code 64184-0001	Purpose of Disbursement Phone Service	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3X1H6</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1018.70
<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: (check only one)		PAGE 68 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. David L. Andrukitis, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015	
Mailing Address 50 E St SE			Amount of Each Disbursement this Period 1507.50 <input type="checkbox"/> Memo Item <b>Transaction ID : VQZDHA3TQW7</b>	
City Washington	State DC	Zip Code 20003-2620		
Purpose of Disbursement Printing		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Express EMPS</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015	
Mailing Address PO Box 6600			Amount of Each Disbursement this Period 73.90 <input type="checkbox"/> Memo Item <b>Transaction ID : VQZDHA3TRG5</b>	
City Hagerstown	State MD	Zip Code 21741-6600		
Purpose of Disbursement Online Contribution Processing Fees		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Express EMPS</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015	
Mailing Address PO Box 6600			Amount of Each Disbursement this Period 2.15 <input type="checkbox"/> Memo Item <b>Transaction ID : VQZDHA3TRH3</b>	
City Hagerstown	State MD	Zip Code 21741-6600		
Purpose of Disbursement Online Contribution Processing Fees		Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1583.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Express EMPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 62.92
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Online Contribution Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TRJ1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Express EMPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 234.80
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Online Contribution Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TRK8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Express EMPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 62.69
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Online Contribution Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA65SP5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	360.41
<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: (check only one)	PAGE 70 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Express EMPS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address PO Box 6600		Amount of Each Disbursement this Period 80.90
City Hagerstown	State MD	
Zip Code 21741-6600	Purpose of Disbursement Online Contribution Processing Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA65SQ3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gamba Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 455 E 84th Dr		Amount of Each Disbursement this Period 6500.00
City Merrillville	State IN	
Zip Code 46410-6640	Purpose of Disbursement Fundraising Costs	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TR82</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Helen Milby &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 233 Pennsylvania Ave SE FI 2		Amount of Each Disbursement this Period 4500.00
City Washington	State DC	
Zip Code 20003-1121	Purpose of Disbursement Fundraising Consulting Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQP9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11080.90
<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 71 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Helen Milby &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 233 Pennsylvania Ave SE FI 2		Amount of Each Disbursement this Period 4500.00
City Washington	State DC	
Zip Code 20003-1121	Purpose of Disbursement Fundraising Consulting Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQJ8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Helen Milby &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 233 Pennsylvania Ave SE FI 2		Amount of Each Disbursement this Period 1289.84
City Washington	State DC	
Zip Code 20003-1121	Purpose of Disbursement Fundraising Costs	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQ39</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Helen Milby &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 233 Pennsylvania Ave SE FI 2		Amount of Each Disbursement this Period 1199.51
City Washington	State DC	
Zip Code 20003-1121	Purpose of Disbursement Fundraising Costs	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQ89</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6989.35
<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: (check only one)	PAGE 72 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Helen Milby &amp; Co</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 233 Pennsylvania Ave SE FI 2		Amount of Each Disbursement this Period 4500.00
City Washington	State DC	
Zip Code 20003-1121	Purpose of Disbursement Fundraising Consulting Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TQ13</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. David Herr</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 1757 Silver Hawk Dr		Amount of Each Disbursement this Period 250.00
City Crown Point	State IN	
Zip Code 46307-2761	Purpose of Disbursement Piano Player for Fundraiser	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TRR8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. I.D.W.D.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address PO Box 7054		Amount of Each Disbursement this Period 38.37
City Indianapolis	State IN	
Zip Code 46207-7054	Purpose of Disbursement Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TR58</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4788.37
<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: (check only one)	PAGE 73 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Indiana Department of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015		
Mailing Address IGC - North			Amount of Each Disbursement this Period 316.47		
City Indianapolis	State IN	Zip Code 46204	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Taxes		Category/ Type			
Candidate Name		Transaction ID : VQZDHA3TR32			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Indiana Department of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015		
Mailing Address IGC - North			Amount of Each Disbursement this Period 276.92		
City Indianapolis	State IN	Zip Code 46204	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Taxes		Category/ Type			
Candidate Name		Transaction ID : VQZDHA3TQM4			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Indiana Department of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015		
Mailing Address IGC - North			Amount of Each Disbursement this Period 276.92		
City Indianapolis	State IN	Zip Code 46204	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Taxes		Category/ Type			
Candidate Name		Transaction ID : VQZDHA3X1D4			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	870.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 102			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. McShanes, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 1844 45th Ave		Amount of Each Disbursement this Period 303.41
City Munster	State IN	
Zip Code 46321-3981	Purpose of Disbursement Office Supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQV9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 94.50
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Online Database & Support	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQB2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NIPSCO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address PO Box 13007		Amount of Each Disbursement this Period 116.59
City Merrillville	State IN	
Zip Code 46411-3007	Purpose of Disbursement Utilities Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TR24</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	514.50
<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: (check only one)	PAGE 75 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NIPSCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address PO Box 13007		Amount of Each Disbursement this Period 43.17
City Merrillville	State IN	
Zip Code 46411-3007	Purpose of Disbursement Utilities Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQA5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NIPSCO</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 13007		Amount of Each Disbursement this Period 45.81
City Merrillville	State IN	
Zip Code 46411-3007	Purpose of Disbursement Utilities Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQ55</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Pampalone Insurance Agency</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015
Mailing Address 6695 Broadway		Amount of Each Disbursement this Period 762.00
City Merrillville	State IN	
Zip Code 46410-3592	Purpose of Disbursement Insurance for HQ	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3X1F0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 1267.39
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQZ0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. All In One Party Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 5445 Broadway		Amount of Each Disbursement this Period 255.53
City Merrillville	State IN	
Zip Code 46410-1685	Purpose of Disbursement Item Rental for Fundraiser	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA67AA5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 9285 Wicker Ave		Amount of Each Disbursement this Period 37.94
City Saint John	State IN	
Zip Code 46373-9782	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA67J19</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1267.39
<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 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 9285 Wicker Ave		Amount of Each Disbursement this Period 12.58
City Saint John	State IN	
Zip Code 46373-9782	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67J76 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Meijer Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 611 W Lincoln Hwy		Amount of Each Disbursement this Period 11.92
City Merrillville	State IN	
Zip Code 46410-5331	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67HZ3 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Meijer Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 611 W Lincoln Hwy		Amount of Each Disbursement this Period 52.08
City Merrillville	State IN	
Zip Code 46410-5331	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67J42 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Merrillville Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 7005 Madison St		Amount of Each Disbursement this Period 60.00
City Merrillville	State IN	
Zip Code 46410-3451	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67A56</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Merrillville Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 7005 Madison St		Amount of Each Disbursement this Period 60.00
City Merrillville	State IN	
Zip Code 46410-3451	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67J84</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Merrillville Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 7005 Madison St		Amount of Each Disbursement this Period 66.50
City Merrillville	State IN	
Zip Code 46410-3451	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JD3</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 219 E US Highway 30		Amount of Each Disbursement this Period 49.04
City Scherverville	State IN	
Zip Code 46375-2608	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67A48</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 219 E US Highway 30		Amount of Each Disbursement this Period 27.66
City Scherverville	State IN	
Zip Code 46375-2608	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67DG9</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 219 E US Highway 30		Amount of Each Disbursement this Period 54.09
City Scherverville	State IN	
Zip Code 46375-2608	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JG7</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 8205 Broadway		Amount of Each Disbursement this Period 22.29
City Merrillville	State IN	
Purpose of Disbursement Office Supplies		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 303 W 80th PI		Amount of Each Disbursement this Period 147.00
City Merrillville	State IN	
Purpose of Disbursement Postage		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 303 W 80th PI		Amount of Each Disbursement this Period 294.00
City Merrillville	State IN	
Purpose of Disbursement Postage		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 63.85
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TR08</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. House Members Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address Rayburn House Building		Amount of Each Disbursement this Period 63.85
City Washington	State DC	
Zip Code 20515-0001	Purpose of Disbursement Meal Expense	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA67JN7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 1012.11
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : VQZDHA3TR16</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1075.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rental Car</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1750 W 81st Ave		Amount of Each Disbursement this Period 665.80
City Merrillville	State IN	
Zip Code 46410-5349	Purpose of Disbursement Van Rental for Parades	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JV4</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 6851 Broadway		Amount of Each Disbursement this Period 60.14
City Merrillville	State IN	
Zip Code 46410-3051	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JQ2</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Meijer Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 611 W Lincoln Hwy		Amount of Each Disbursement this Period 60.29
City Merrillville	State IN	
Zip Code 46410-5331	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JP5</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Meijer Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 611 W Lincoln Hwy		Amount of Each Disbursement this Period 20.32
City Merrillville	State IN	
Zip Code 46410-5331	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67JR0 *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Meijer Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 611 W Lincoln Hwy		Amount of Each Disbursement this Period 22.50
City Merrillville	State IN	
Zip Code 46410-5331	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67JS8 *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Meijer Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 611 W Lincoln Hwy		Amount of Each Disbursement this Period 33.58
City Merrillville	State IN	
Zip Code 46410-5331	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67JT6 *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1 W 81st Ave		Amount of Each Disbursement this Period 54.34
City Merrillville	State IN	
Purpose of Disbursement Gas Reimbursement		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JW2</b> *
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 1 W 81st Ave		Amount of Each Disbursement this Period 47.14
City Merrillville	State IN	
Purpose of Disbursement Gas Reimbursement		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67JX0</b> *
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 1920.90
City Munster	State IN	
Purpose of Disbursement Taxes		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDH9ZXE27</b>
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1920.90
<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 85 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Peoples Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 9204 Columbia Ave			Amount of Each Disbursement this Period 198.45
City Munster	State IN	Zip Code 46321-3571	
Purpose of Disbursement Business Checks Reorder		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : VQZDHA3TRM6</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Peoples Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 9204 Columbia Ave			Amount of Each Disbursement this Period 1214.04
City Munster	State IN	Zip Code 46321-3571	
Purpose of Disbursement Credit Card Payment		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : VQZDHA3TQE6</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Family Express</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 6250 Ameriplex Dr			Amount of Each Disbursement this Period 30.15
City Portage	State IN	Zip Code 46368-7718	
Purpose of Disbursement Gas Reimbursement		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : VQZDHA67N80</b> *
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1412.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial)  
**A. Family Express**

Mailing Address 6250 Ameriplex Dr

City Portage State IN Zip Code 46368-7718

Purpose of Disbursement Gas Reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2015

Amount of Each Disbursement this Period: 36.69

Memo Item

Transaction ID : VQZDHA67NT3

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

Mailing Address 7005 Madison St

City Merrillville State IN Zip Code 46410-3451

Purpose of Disbursement Flowers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2015

Amount of Each Disbursement this Period: 60.00

Memo Item

Transaction ID : VQZDHA67K04

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

Mailing Address 7005 Madison St

City Merrillville State IN Zip Code 46410-3451

Purpose of Disbursement Flowers

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2015

Amount of Each Disbursement this Period: 60.00

Memo Item

Transaction ID : VQZDHA67MX3

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 219 E US Highway 30		Amount of Each Disbursement this Period 54.60
City Scherverville	State IN	
Zip Code 46375-2608	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 219 E US Highway 30		Amount of Each Disbursement this Period 36.62
City Scherverville	State IN	
Zip Code 46375-2608	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 8205 Broadway		Amount of Each Disbursement this Period 38.58
City Merrillville	State IN	
Zip Code 46410-6216	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 228 W US Highway 30		Amount of Each Disbursement this Period 50.57
City Schererville State IN Zip Code 46375-1854	Purpose of Disbursement Express Mail	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67N31</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 228 W US Highway 30		Amount of Each Disbursement this Period 55.15
City Schererville State IN Zip Code 46375-1854	Purpose of Disbursement Express Mail	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67NH1</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 303 W 80th PI		Amount of Each Disbursement this Period 490.00
City Merrillville State IN Zip Code 46410-5433	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67K11</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 1957.21
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Taxes	<input type="checkbox"/> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 298.06
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Asparagus Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 7876 Broadway		Amount of Each Disbursement this Period 110.00
City Merrillville	State IN	
Zip Code 46410-5539	Purpose of Disbursement Food for Staff / Volunteers	<input type="checkbox"/> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2255.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 6851 Broadway		Amount of Each Disbursement this Period 51.91
City Merrillville	State IN	
Purpose of Disbursement Gas Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 9285 Wicker Ave		Amount of Each Disbursement this Period 52.85
City Saint John	State IN	
Purpose of Disbursement Gas Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1 W 81st Ave		Amount of Each Disbursement this Period 38.67
City Merrillville	State IN	
Purpose of Disbursement Gas Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1 W 81st Ave		Amount of Each Disbursement this Period 44.63
City Merrillville	State IN	
Zip Code 46410-5450	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67T09</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 1804.37
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Credit Card Payment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQ71</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ciao Bella</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1514 US Highway 41		Amount of Each Disbursement this Period 106.14
City Scherverville	State IN	
Zip Code 46375-1316	Purpose of Disbursement Food for Staff / Volunteers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TH3</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1804.37
<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: (check only one)		PAGE 92 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Family Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 6250 Ameriplex Dr		Amount of Each Disbursement this Period 36.00
City Portage State IN Zip Code 46368-7718	Purpose of Disbursement Gas Reimbursement	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TB6</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Family Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 6250 Ameriplex Dr		Amount of Each Disbursement this Period 36.02
City Portage State IN Zip Code 46368-7718	Purpose of Disbursement Gas Reimbursement	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TC4</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Firehook Bakery</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 215 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 501.60
City Washington State DC Zip Code 20003	Purpose of Disbursement Food for Staff / Volunteers	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TF8</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Marathon Oil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 9285 Wicker Ave		Amount of Each Disbursement this Period 29.09
City Saint John	State IN	
Zip Code 46373-9782	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TG6</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Merrillville Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 7005 Madison St		Amount of Each Disbursement this Period 180.00
City Merrillville	State IN	
Zip Code 46410-3451	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67T67</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Merrillville Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 7005 Madison St		Amount of Each Disbursement this Period 60.00
City Merrillville	State IN	
Zip Code 46410-3451	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67T90</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 102	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Merrillville Florist</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 7005 Madison St		Amount of Each Disbursement this Period 156.30
City Merrillville	State IN	
Zip Code 46410-3451	Purpose of Disbursement Flowers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67TJ1
State: District:		*

Full Name (Last, First, Middle Initial) <b>B. Speedway Gas Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 219 E US Highway 30		Amount of Each Disbursement this Period 29.91
City Scherverville	State IN	
Zip Code 46375-2608	Purpose of Disbursement Gas Reimbursement	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67TK9
State: District:		*

Full Name (Last, First, Middle Initial) <b>c. Spike's Lakeside Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 21 E Joliet St		Amount of Each Disbursement this Period 80.00
City Scherverville	State IN	
Zip Code 46375-2010	Purpose of Disbursement Food for Staff / Volunteers	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VQZDHA67T82
State: District:		*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 8205 Broadway		Amount of Each Disbursement this Period 137.09
City Merrillville	State IN	
Zip Code 46410-6216	Purpose of Disbursement Office Supplies	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67T59</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 228 W US Highway 30		Amount of Each Disbursement this Period 51.30
City Scherverville	State IN	
Zip Code 46375-1854	Purpose of Disbursement Express Mail	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TA8</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 303 W 80th PI		Amount of Each Disbursement this Period 294.00
City Merrillville	State IN	
Zip Code 46410-5433	Purpose of Disbursement Postage	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA67TD2</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 102			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Peoples Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 9204 Columbia Ave		Amount of Each Disbursement this Period 1957.21
City Munster	State IN	
Zip Code 46321-3571	Purpose of Disbursement Taxes	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3X1C7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. St. John Properties</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 8950 Schillton Dr		Amount of Each Disbursement this Period 4287.13
City Saint John	State IN	
Zip Code 46373-9074	Purpose of Disbursement Oct - Dec 2015 Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TR74</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 193.22
City Tucson	State AZ	
Zip Code 85731-7120	Purpose of Disbursement Mobile Phone	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : VQZDHA3TQS3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6437.56
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015
Mailing Address PO Box 17120		Amount of Each Disbursement this Period 292.96
City Tucson	State AZ	
Zip Code 85731-7120	Purpose of Disbursement Mobile Phone	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.22
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.23
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4269.41
<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: (check only one)	PAGE 98 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.22
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQN1</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.23
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TPY0</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.23
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TRP2</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5964.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 102			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.22
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VQZDHA3X1E2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Wagner</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 9194 W Springhill Dr		Amount of Each Disbursement this Period 1988.23
City Saint John	State IN	
Zip Code 46373-9612	Purpose of Disbursement Salary	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VQZDHA4P6F0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Winpisinger &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 200.00
City Gaithersburg	State MD	
Zip Code 20878-5808	Purpose of Disbursement Auditing Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : VQZDHA67742
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4176.45
<b>TOTAL</b> This Period (last page this line number only).....	58641.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 102			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Michael Peterson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>		
Mailing Address <b>3622 Boulevard Drive</b>			Amount of Each Disbursement this Period <b>100.00</b>		
City <b>Highland</b>	State <b>IN</b>	Zip Code <b>46322</b>	<input type="checkbox"/> Memo Item <b>Transaction ID : VQZDHA3TQH0</b>		
Purpose of Disbursement <b>Refund of Contribution</b>		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>100.00</b>

**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 102	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Benefit for the Calumet Council, Boy Scouts of America</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 12 / 2015</b>
Mailing Address <b>8751 Calumet Ave</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>Munster</b> State <b>IN</b> Zip Code <b>46321-2526</b>	Purpose of Disbursement <b>Tickets to Event</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQ97</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2015</b>
Mailing Address <b>430 SOUTH CAPITOL STREET, SE 2ND FLOOR</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>Unlimited Transfer</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQR5</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Gary Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>
Mailing Address <b>839 Broadway</b>		Amount of Each Disbursement this Period <b>450.00</b>
City <b>Gary</b> State <b>IN</b> Zip Code <b>46402-2417</b>	Purpose of Disbursement <b>Tickets to Event</b>	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TR66</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 102	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Gary Chapter NAACP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2015</b>
Mailing Address <b>575 Broadway Ste 1A</b>		Amount of Each Disbursement this Period <b>300.00</b>
City <b>Gary</b> State <b>IN</b> Zip Code <b>46402-1946</b>	Purpose of Disbursement <b>Ad for Event</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQQ7</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lake County Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2015</b>
Mailing Address <b>1000 E 80th Pl Twin Towers South</b>		Amount of Each Disbursement this Period <b>2500.00</b>
City <b>Merrillville</b> State <b>IN</b> Zip Code <b>46410-5668</b>	Purpose of Disbursement <b>Donation</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TR99</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Northwest Indiana Federation of Labor</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 30 / 2015</b>
Mailing Address <b>1919 Willowcreek Rd</b>		Amount of Each Disbursement this Period <b>1500.00</b>
City <b>Portage</b> State <b>IN</b> Zip Code <b>46368-1514</b>	Purpose of Disbursement <b>Tickets to Event</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : VQZDHA3TQ47</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>10050.00</b>