

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

Marlin Stutzman for Congress

ADDRESS (number and street)

PO Box 129

Check if different than previously reported. (ACC)

Howe

IN

46746

2. **FEC IDENTIFICATION NUMBER**

C C00484683

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

03

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

2013

through

M M /

D D /

2013

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 Christopher M Marston

Signature of Treasurer Christopher M Marston

[Electronically Filed]

Date

M M /

D D /

2014

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Marlin Stutzman 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))....	100368.75	621447.13
(b) Total Contribution Refunds (from Line 20(d))	0.00	11550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100368.75	609897.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	94075.49	367356.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	1475.19	1526.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92600.30	365829.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	344188.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25945.70	

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

Marlin Stutzman 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).....	35764.75	260873.80
(ii) Unitemized.....	10354.00	35957.00
(iii) TOTAL of contributions from individuals ▶	46118.75	296830.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	54250.00	324616.33
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	100368.75	621447.13
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	1000.00	9035.53
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.)	1475.19	1526.58
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	102843.94	632009.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	94075.49	367356.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	11550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	11550.00
21. OTHER DISBURSEMENTS	86815.00	113949.55
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	180890.49	492856.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	422235.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	102843.94
25. SUBTOTAL (add Line 23 and Line 24).....	525079.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	180890.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	344188.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 95
	<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	

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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
HAROLD D. ATKINSON

Mailing Address 15510 TALON RIDGE CV

City HUNTERTOWN State IN Zip Code 46748-9214

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

Name of Employer LIMA ROAD DENTISTRY Occupation DENTIST

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
273.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013

Transaction ID : SA11.4432

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LISA N. BOOTH M.D.

Mailing Address 525 W 600 N

City HOWE State IN Zip Code 46746-9326

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2013

Transaction ID : SA11.4663

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANDREW F. BROOKS

Mailing Address PO BOX 9015

City FORT WAYNE State IN Zip Code 46899-9015

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

Name of Employer BROOKS CONSTRUCTION COMPANY INC. Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2013

Transaction ID : SA11.4659

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 6 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
BRIAN L. BURDICK

Mailing Address 11929 FOREST DR.

City State Zip Code
CARMEL IN 46033-4347

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

Name of Employer Occupation
BARNES & THORNBURG ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4656

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEITH E. BUSSE

Mailing Address 2730 EGGEMAN RD.

City State Zip Code
FORT WAYNE IN 46814-8899

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

Name of Employer Occupation
STEEL DYNAMICS CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11.4534

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 601 PRESIDENT FORD LANE

City State Zip Code
ALEXANDRIA VA 22302-3033

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

Name of Employer Occupation
FIERCE ISAKOWITZ & BLALOCK CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11.4634

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
VICKI E. CHURCHWARD

Mailing Address **240 LANE 345 LAKE JAMES**

City **ANGOLA** State **IN** Zip Code **46703-8058**

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

Name of Employer **KODIAK FIRE SAFETY CONSULTING** Occupation **EXECUTIVE**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4670

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **PO BOX 8850**

City **FORT WAYNE** State **IN** Zip Code **46898-8850**

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

Name of Employer **HERITAGE FOOD SERVICES** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11.4535

Amount of Each Receipt this Period
2600.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN K. ELLIS

Mailing Address **15105 POWDERHORN ROAD**

City **FORT WAYNE** State **IN** Zip Code **46814-9421**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4648

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

3350.00

**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 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
BRIAN G. EMERICK

Mailing Address 5865 E STATE ROAD 14

City State Zip Code
COLUMBIA CITY IN 46725-9237

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

Name of Employer Occupation
MICROPULSE, INC. OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4671

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 3345 N ARTHUR DRIVE
ALBION

City State Zip Code
ALBION IN 46701-9739

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

Name of Employer Occupation
FRICK LUMBER COMPANY, INC. OFFICE MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11.4502

Amount of Each Receipt this Period
150.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID W. GOODWIN

Mailing Address 4980 N 300 W APT. 20

City State Zip Code
FREMONT IN 46737-9616

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

Name of Employer Occupation
STEBEN COUNTY SCHOOLS SUPERINTENDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4658

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

1650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
ERIC A. GUTWEIN

Mailing Address 710W WINDING RD

City RENSSELAER State IN Zip Code 47978-7284

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2013

Transaction ID : SA11.4630

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. RONDA L. HANNING

Mailing Address 7108 COVINGTON RD

City FORT WAYNE State IN Zip Code 46804-1506

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

Name of Employer BILL'S BISTRO, INC. Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4565

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. RONDA L. HANNING

Mailing Address 7108 COVINGTON RD

City FORT WAYNE State IN Zip Code 46804-1506

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

Name of Employer BILL'S BISTRO, INC. Occupation MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4565B

Amount of Each Receipt this Period
 -2400.00
 CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 10 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
MRS. RONDA L. HANNING

Mailing Address 7108 COVINGTON RD

City State Zip Code
FORT WAYNE IN 46804-1506

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

Name of Employer Occupation
BILL'S BISTRO, INC. MANAGER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4701

Amount of Each Receipt this Period
2400.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
ROB M. HAYWORTH

Mailing Address 3302 MALLARD COVE LN

City State Zip Code
FORT WAYNE IN 46804-2884

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

Name of Employer Occupation
NORTHWESTERN MUTUAL WEALTH MANAGEMENT ADVISOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4675

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARK HELLINGER

Mailing Address 7235 VICKSBURG PIKE

City State Zip Code
FT. WAYNE IN 46804-5546

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

Name of Employer Occupation
CME CORPORATION-GENERAL CONTRACTOR PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4651

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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: (check only one)	PAGE 11 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
FREEMAN J. HELMUTH

Mailing Address 6670S - 715W
P.O.BOX 35

City TOPEKA State IN Zip Code 46571-9746

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

Name of Employer S & H METAL PRODUCTS Occupation SHEET METAL FAB.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4643

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS L. HERENDEEN

Mailing Address 13718 HARDISTY RD.

City FORT WAYNE State IN Zip Code 46845-9209

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11.4400

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS L. HERENDEEN

Mailing Address 13718 HARDISTY RD.

City FORT WAYNE State IN Zip Code 46845-9209

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4591

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
RON KAUFFMAN

Mailing Address 7185 E. SR 120

City HOWE State IN Zip Code 46746-9764

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA11.4533

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

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

Mailing Address 6565 W. 275 N

City SHIPSHEWANA State IN Zip Code 46565-8649

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

Name of Employer SHIPSHEWANA AUCTION Occupation EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 29 / 2013

Transaction ID : SA11.4418

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAURA K. LEMINGS

Mailing Address 5805 S 455 E

City WOLCOTTVILLE State IN Zip Code 46795-8802

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

Name of Employer LAGRANGE COUNTY COMMUNITY FOUNDATION Occupation EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 15 / 2013

Transaction ID : SA11.4414

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
MICHAEL C. LEPPERT

Mailing Address 4902 KILKENNY CT

City State Zip Code
INDIANAPOLIS IN 46254-9702

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

Name of Employer Occupation
CLARK QUINN PUBLIC AFFAIRS, LLC PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4644

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH E. LOFTUS JR.

Mailing Address 5901 WILLIAM CONNER WAY

City State Zip Code
CARMEL IN 46033-8826

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

Name of Employer Occupation
BARNES & THORNBURG, LLP ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4638

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 534 CHESTNUT FOREST COVE

City State Zip Code
FORT WAYNE IN 46814-8927

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4702

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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 14 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
DANIELLE M. MAURER

Mailing Address 2507 N VERNON ST

City ARLINGTON State VA Zip Code 22207-4008

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

Name of Employer FIERCE, ISAKOWITZ AND BLALOCK Occupation SVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11.4632

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN W. MCCULLOUGH

Mailing Address 843 26TH ST

City WEST DES MOINES State IA Zip Code 50265-3262

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

Name of Employer IOWA STUDENT LOAN LIQUIDITY CORP Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4576

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER P. MOORE CFP

Mailing Address 10728 N WESTLAKES DRIVE

City FORT WAYNE State IN Zip Code 46804-8601

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

Name of Employer MOORE & ASSOCIATES Occupation CERTIFIED FINANCIAL PLANNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 07 / 2013

Transaction ID : SA11.4564

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

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

3850.00

**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 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
DEBRA A. NEIZER

Mailing Address 12515 CHAPELWOOD PLACE

City State Zip Code
FORT WAYNE IN 46845-6930

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AALCO DISTRIBUTING INC. PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4566

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES A. O'BRIEN

Mailing Address 15822 CEDAR RIDGE CT

City State Zip Code
GRANGER IN 46530-6516

FEC ID number of contributing federal political committee.

Name of Employer Occupation
O'BRIEN & TELLOYAN, PC ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4674

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN A. PAGIN

Mailing Address
104 WAYNE ST P.O. BOX 86

City State Zip Code
HOWE IN 46746-9788

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4492

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
MARK PANKOP

Mailing Address 1601 E. SCHOOLHOUSE RD.

City: KENDALLVILLE State: IN Zip Code: 46755-2449

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 12 / 29 / 2013

Transaction ID : SA11.4661

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL V. PARROTT

Mailing Address 6729 MALLARD COVE PL.

City: FORT WAYNE State: IN Zip Code: 46804-2887

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 12 / 20 / 2013

Transaction ID : SA11.4645

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 12316 ABOITE CENTER ROAD

City: FORT WAYNE State: IN Zip Code: 46814-9725

FEC ID number of contributing federal political committee: C

Name of Employer: PERFECTION BAKERIES Occupation: EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 3600.00

Date of Receipt: 12 / 02 / 2013

Transaction ID : SA11.4532

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES A. PURUCKER

Mailing Address 99 HIGHLAND MAN CT., S. DR.

City State Zip Code
INDIANAPOLIS IN 46228-

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

Name of Employer Occupation
WHOLESALE WINE AND SPIRITS EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1325.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11.4652

Amount of Each Receipt this Period
325.00

CONTRIBUTION

BEVERAGES

B. Full Name (Last, First, Middle Initial)
MR. JAMES A. PURUCKER

Mailing Address 99 HIGHLAND MAN CT., S. DR.

City State Zip Code
INDIANAPOLIS IN 46228-

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

Name of Employer Occupation
WHOLESALE WINE AND SPIRITS EXECUTIVE DIRECTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1325.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4657

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM N. SALIN II

Mailing Address 13025 BRIGHTON LN

City State Zip Code
CARMEL IN 46032-8620

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

Name of Employer Occupation
SALIN BANK PRESIDENT & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4639

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2325.00

**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 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
ANTHONY A. SAMUEL

Mailing Address 9441 WHISPER BEND DR

City State Zip Code
INDIANAPOLIS IN 46278-5079

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

Name of Employer Occupation
SAMUEL SOLUTIONS GROUP CONSULTANT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4642

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 385 MILLRIDGE DRIVE

City State Zip Code
INDIANAPOLIS IN 46290-1118

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

Name of Employer Occupation
SCHAHET HOTELS, INC HOTEL DEVELOPMENT AND MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11.4536

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 385 MILLRIDGE DRIVE

City State Zip Code
INDIANAPOLIS IN 46290-1118

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

Name of Employer Occupation
SCHAHET HOTELS, INC HOTEL DEVELOPMENT AND MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11.4536B

Amount of Each Receipt this Period
-900.00
CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

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 19 OF 95
	<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)
Marlin Stutzman for Congress

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

Mailing Address 385 MILLRIDGE DRIVE

City State Zip Code
INDIANAPOLIS IN 46290-1118

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

Name of Employer Occupation
SCHAHET HOTELS, INC HOTEL DEVELOPMENT AND MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2013

Transaction ID : SA11.4553

Amount of Each Receipt this Period
900.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
MARY LOUISE SHAMBAUGH

Mailing Address 3621 SPY RUN AVENUE EXT

City State Zip Code
FORT WAYNE IN 46805-

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4646

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARK I. SHUBLAK

Mailing Address 1 AMERICAN SQUARE / SUITE 2900

City State Zip Code
INDIANAPOLIS IN 46282-0019

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

Name of Employer Occupation
ICE MILLER, LLP PARTNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4654

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

2850.00

**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 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
IRVIN SLABACH

Mailing Address 8731 WINCHESTER ROAD

City State Zip Code
FORT WAYNE IN 46819-2251

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 29 / 2013

Transaction ID : SA11.4444

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES J. SURACK

Mailing Address 5809 LEESBURG ROAD

City State Zip Code
FORT WAYNE IN 46818-9117

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

Name of Employer Occupation
SWEETWATER PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4587

Amount of Each Receipt this Period
2600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PHILLIP A. TERRY

Mailing Address 7228 S. ARLINGTON AVE

City State Zip Code
INDIANAPOLIS IN 46237-9356

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

Name of Employer Occupation
MONARCH BEVERAGE CO., INC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
848.80

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 23 / 2013

Transaction ID : SA11.4633

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

3350.00

**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 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
PHILLIP A. TERRY

Mailing Address 7228 S. ARLINGTON AVE

City State Zip Code
INDIANAPOLIS IN 46237-9356

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

Name of Employer Occupation
MONARCH BEVERAGE CO., INC EXECUTIVE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
848.80

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2013

Transaction ID : SA11.4653

Amount of Each Receipt this Period
89.75

CONTRIBUTION

BEVERAGES

B. Full Name (Last, First, Middle Initial)
MARY JO TROXEL

Mailing Address 1240 N HIGH POINT COURT

City State Zip Code
BLUFFTON IN 46714-1251

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11.4690

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH W. WALBURN

Mailing Address 6349 CONSTITUTION DR.

City State Zip Code
FORT WAYNE IN 46804-1547

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

Name of Employer Occupation
KOVAS COMMUNICATIONS, INC VICE PRESIDENT CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4647

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

839.75

**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 95
	<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)
Marlin Stutzman for Congress

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

Mailing Address 7283 N. 450 E.

City	State	Zip Code
KENDALLVILLE	IN	46755-9345

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

Name of Employer	Occupation
SELF	CONSULTING ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2013

Transaction ID : SA11.4662

Amount of Each Receipt this Period
 _____ 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH V. WOOD

Mailing Address 3915 CHADWICK DR

City	State	Zip Code
CARMEL	IN	46033-4809

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFC	INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA11.4539

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORTHEAST INDIANA ADVOCATES LLC

Mailing Address 6714 POINTE INVERNESS WAY 115A

City	State	Zip Code
FORT WAYNE	IN	46804-7935

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4589

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

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

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

_____ 600.00

**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 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
ROWE INDUSTRIES INC

Mailing Address **9711 COVINGTON ROAD**

City **FORT WAYNE** State **IN** Zip Code **46804-2536**

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

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4650

Amount of Each Receipt this Period
 _____ 250.00
 CONTRIBUTION

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

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

Amount of Each Receipt this Period

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

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

_____ 250.00

_____ 35764.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN BAKERS ASSOCIATION PAC

Mailing Address 1300 I STREET, NW, SUITE 700 WEST

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C** C00016386

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4573

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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

Mailing Address 1120 CONNECTICUT AVENUE NW
STE 600

City WASHINGTON State DC Zip Code 20036-3971

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4637

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF LIFE INSURERS PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 700

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4578

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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 25 OF 95	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address **1 RIVERSIDE PLAZA - 26TH FLOOR**
P.O. BOX 16036

City **COLUMBUS** State **OH** Zip Code **43215-2355**

FEC ID number of contributing federal political committee. **C C00096842**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **7500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 29 / 2013

Transaction ID : SA11.4655

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC (AICP)

Mailing Address **20 LEIGH FARM RD**

City **DURHAM** State **NC** Zip Code **27707-**

FEC ID number of contributing federal political committee. **C C00077321**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2013

Transaction ID : SA11.4561

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
APPRAISAL INSTITUTE POLITICAL ACTION COMMITTEE (APPAC)

Mailing Address **2600 VIRGINIA AVE NW**
STE 123

City **WASHINGTON** State **DC** Zip Code **20037-1905**

FEC ID number of contributing federal political committee. **C C00144261**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date **6500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11.4390

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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 26 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
APPRAISAL INSTITUTE POLITICAL ACTION COMMITTEE (APPAC)

Mailing Address 2600 VIRGINIA AVE NW
STE 123

City WASHINGTON State DC Zip Code 20037-1905

FEC ID number of contributing federal political committee. **C** C00144261

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 07 / 2013

Transaction ID : SA11.4391

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION PAC

Mailing Address 1100 NORTH KING STREET
DE5-001-02-07

City WILMINGTON State DE Zip Code 19884-0011

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11.4415

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BUILD PAC OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAC)

Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005-2842

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4635

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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 27 OF 95
	<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)
Marlin Stutzman for Congress

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

Mailing Address 1101 PENNSYLVANIA, NW, SUITE 1000

City	State	Zip Code
WASHINGTON	DC	20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4007.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11.4623

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION AND NBC UNIVERSAL PAC

Mailing Address 1701 JFK BOULEVARD

City	State	Zip Code
PHILADELPHIA	PA	19103-2833

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4569

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMI

Mailing Address 701 PENNSYLVANIA AVE NW
STE 750

City	State	Zip Code
WASHINGTON	DC	20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : SA11.4389

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

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 28 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
DELTA AIR LINES PAC

Mailing Address 1212 NEW YROK AVE NW STE 250

City State Zip Code
WASHINGTON DC 20005-3953

FEC ID number of contributing federal political committee. **C C00104802**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA11.4538

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOW CORNING LEGISLATIVE ACTION TEAM

Mailing Address PO BOX 994

City State Zip Code
MIDLAND MI 48686-0001

FEC ID number of contributing federal political committee. **C C00386672**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2013

Transaction ID : SA11.4537

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 422 S. TRYON ST., DEC37D

City State Zip Code
CHARLOTTE NC 28202-1937

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4590

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 29 OF 95
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) ELI LILLY & COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 6944 ANTIETAM CT.		Transaction ID : SA11.4568	
City INDIANAPOLIS	State IN	Zip Code 46278-1852	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) ERNST AND YOUNG PAC		Date of Receipt M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address 1101 NEW YORK AVE NW		Transaction ID : SA11.4574	
City WASHINGTON	State DC	Zip Code 20005-4269	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1500.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) EXELIS EMPLOYEES PAC		Date of Receipt M M / D D / Y Y Y Y 10 / 14 / 2013	
Mailing Address 1650 TYSONS BLVD., SUITE 1700		Transaction ID : SA11.4380	
City MCLEAN	State VA	Zip Code 22102-4827	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 3500.00	

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
FAEGREBD CONSULTING PAC

Mailing Address 1050 K STREET NW, SUITE 400

City WASHINGTON State DC Zip Code 20001-4448

FEC ID number of contributing federal political committee. **C** C00386904

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11.4559

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GOLDMAN SACHS GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 1000E

City WASHINGTON State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4571

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARDWOOD FEDERATION PAC, INC.

Mailing Address 1111 19TH STREET, NW, SUITE 800

City WASHINGTON State DC Zip Code 20036-3652

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4640

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 31 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC PAC (

Mailing Address 412 FIRST STREET SE, SUITE 300

City	State	Zip Code
WASHINGTON	DC	20003-1804

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2013

Transaction ID : SA11.4570

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE

Mailing Address 1401 H STREET NW
STE 1200

City	State	Zip Code
WASHINGTON	DC	20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 8500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		30		2013

Transaction ID : SA11.4692

Amount of Each Receipt this Period
 _____ 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE

Mailing Address 1 JOHNSON & JOHNSON PLAZA

City	State	Zip Code
NEW BRUNSWICK	NJ	08933-0001

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		20		2013

Transaction ID : SA11.4572

Amount of Each Receipt this Period
 _____ 1000.00
 CONTRIBUTION

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 32 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC

Mailing Address 1801 K ST NW

City WASHINGTON State DC Zip Code 20006-1302

FEC ID number of contributing federal political committee. **C C00280222**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11.4562

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

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

Mailing Address 1300 SOUTH CLINTON STREET

City FORT WAYNE State IN Zip Code 46802-3506

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11.4555

Amount of Each Receipt this Period
 3000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOUIS DREYFUS COMMODITIES LLC POLITICAL ACTION COMMITTEE

Mailing Address 1050 K. ST., NW STE. 325

City WASHINGTON State DC Zip Code 20001-4447

FEC ID number of contributing federal political committee. **C C00492363**

Name of Employer Occupation

Receipt For: 2014
 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 / 2013

Transaction ID : SA11.4381

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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 33 OF 95
	<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)
Marlin Stutzman for Congress

A. MARATHON PETROLEUM COMPANY EMPLOYEES PAC (MPAC)

Full Name (Last, First, Middle Initial)
MARATHON PETROLEUM COMPANY EMPLOYEES PAC (MPAC)

Mailing Address 539 MAIN ST

City FINDLAY State OH Zip Code 45840-3229

FEC ID number of contributing federal political committee. **C** C00496307

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4577

Amount of Each Receipt this Period
 5000.00
 CONTRIBUTION

B. MORGAN STANLEY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
MORGAN STANLEY POLITICAL ACTION COMMITTEE

Mailing Address 1585 BROADWAY FL 39

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11.4691

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. MUTUAL OF OMAHA COMPANIES AGENCY PAC (COMPAC)

Full Name (Last, First, Middle Initial)
MUTUAL OF OMAHA COMPANIES AGENCY PAC (COMPAC)

Mailing Address MUTUAL OF OMAHA PLAZA

City OMAHA State NE Zip Code 68175-0001

FEC ID number of contributing federal political committee. **C** C00103572

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11.4575

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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: PAGE 34 OF 95
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.

Mailing Address 1875 I ST NW
STE 600

City WASHINGTON State DC Zip Code 20006-5413

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2013

Transaction ID : SA11.4560

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL APARTMENT ASSOCIATION PAC

Mailing Address 4300 WILSON BLVD., SUITE 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11.4636

Amount of Each Receipt this Period
1500.00
CONTRIBUTION

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

Mailing Address 1301 K STREET NW SUITE 800-WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 08 / 2013

Transaction ID : SA11.4556

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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 35 OF 95
	<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)
Marlin Stutzman for Congress

A. PRICEWATERHOUSECOOPERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 K STREET NW SUITE 800-WEST
 City WASHINGTON State DC Zip Code 20005-3317
 FEC ID number of contributing federal political committee. **C C00107235**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : SA11.4557
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. RAYTHEON PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 WILSON BOULEVARD, SUITE 1500
 City ARLINGTON State VA Zip Code 22209-3900
 FEC ID number of contributing federal political committee. **C C00097568**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11.4397
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. RAYTHEON PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 WILSON BOULEVARD, SUITE 1500
 City ARLINGTON State VA Zip Code 22209-3900
 FEC ID number of contributing federal political committee. **C C00097568**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11.4398
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
STATE FARM FEDERAL PAC

Mailing Address 1 STATE FARM PLZ, D-2

City BLOOMINGTON State IL Zip Code 61710-0001

FEC ID number of contributing federal political committee. **C** C00544817

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11.4563

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TRANS UNION POLITICAL ACTION COMMITTEE

Mailing Address 555 W ADAMS ST

City CHICAGO State IL Zip Code 60661-3719

FEC ID number of contributing federal political committee. **C** C00313700

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : SA11.4393

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED SERVICES AUTOMOBILE ASSOCIATION EMPLOYEE PAC - USAA E

Mailing Address 9800 FREDERICKSBURGE RD

City SAN ANTONIO State TX Zip Code 78288-0001

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : SA11.4392

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 95
	<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)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
VERIZON WIRELESS GOOD GOVERNMENT CLUB

Mailing Address 1300 I STREET NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11.4558

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ZIMMER INC BETTER GOVERNMENT COMMITTEE (FEDERAL)

Mailing Address P.O. BOX 708

City WARSAW State IN Zip Code 46581-0708

FEC ID number of contributing federal political committee. **C C00399386**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013

Transaction ID : SA11.4554

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1250.00

54250.00

**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 95
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
BUCSHON - STUTZMAN VICTORY FUND

Mailing Address PO BOX 26141

City: ALEXANDRIA State: VA Zip Code: 22313-6141

FEC ID number of contributing federal political committee: **C** C00544148

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 5687.03

Date of Receipt: 12 / 31 / 2013

Transaction ID : SA12.4579

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
DENTONS US LLP PAC

Mailing Address 1301 K ST NW STE 600

City: WASHINGTON State: DC Zip Code: 20005-3317

FEC ID number of contributing federal political committee: **C** C00216127

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 03 / 2013

Transaction ID : SA12.4580

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

[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:

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marlin Stutzman for Congress

A. Full Name (Last, First, Middle Initial)
DELTA AIR LINES INC

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1306.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA14.926

Amount of Each Receipt this Period
643.80
REFUND OF AIRLINE TICKET

B. Full Name (Last, First, Middle Initial)
DELTA AIR LINES INC

Mailing Address P.O. BOX 20706

City ATLANTA State GA Zip Code 30320

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1306.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2013

Transaction ID : SA14.927

Amount of Each Receipt this Period
643.80
REFUND OF AIRLINE TICKET

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1287.60

1287.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. MARIA JAMES		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 1505 CHAUCER DR		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.I820
City MURRAY State KY Zip Code 42071	Purpose of Disbursement DATA ENTRY	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOE KNEPPER		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 1224 BETHANY LANE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I733
City FORT WAYNE State IN Zip Code 46825	Purpose of Disbursement GRASSROOTS CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JOE KNEPPER		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 1224 BETHANY LANE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I751
City FORT WAYNE State IN Zip Code 46825	Purpose of Disbursement GRASSROOTS CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5400.00
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 41 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. JOE KNEPPER		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 1224 BETHANY LANE		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I758
City FORT WAYNE	State IN	
Purpose of Disbursement GRASSROOTS CONSULTING		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. JOE KNEPPER		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1224 BETHANY LANE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I785
City FORT WAYNE	State IN	
Purpose of Disbursement GRASSROOTS CONSULTING		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) C. MR. JAMES A. PURUCKER		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 99 HIGHLAND MAN CT., S. DR.		Amount of Each Disbursement this Period 325.00 Transaction ID : SB17.4652
City INDIANAPOLIS	State IN	
Purpose of Disbursement IN-KIND CONTRIBUTION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	BEVERAGES
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	4325.00
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 42 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. AMY STANSFIELD		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 3801 N MERIDIAN ST, APT 1203		Amount of Each Disbursement this Period 320.59 Transaction ID : SB17.I781
City INDIANAPOLIS State IN Zip Code 46208	Purpose of Disbursement REIMBURSEMENT (SEE BELOW)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AMY STANSFIELD		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2013
Mailing Address 3801 N MERIDIAN ST, APT 1203		Amount of Each Disbursement this Period 295.62 Transaction ID : SB17.I783
City INDIANAPOLIS State IN Zip Code 46208	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]
STANSFIELD 10/1/13

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2013
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 24.97 Transaction ID : SB17.I782
City DALLAS State TX Zip Code 75202	Purpose of Disbursement PHONE SERVICES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

[MEMO ITEM]
STANSFIELD 10/1/13

SUBTOTAL of Disbursements This Page (optional).....	320.59
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 43 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. AMY STANSFIELD			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 3801 N MERIDIAN ST, APT 1203			Amount of Each Disbursement this Period 119.93	
City INDIANAPOLIS	State IN	Zip Code 46208	Transaction ID : SB17.I822	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)		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. AMY STANSFIELD			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013	
Mailing Address 3801 N MERIDIAN ST, APT 1203			Amount of Each Disbursement this Period 60.03	
City INDIANAPOLIS	State IN	Zip Code 46208	Transaction ID : SB17.I825	
Purpose of Disbursement MILEAGE REIMBURSEMENT		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:			[MEMO ITEM] STANSFIELD 11/15	

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013	
Mailing Address 208 SOUTH AKARD STREET			Amount of Each Disbursement this Period 29.95	
City DALLAS	State TX	Zip Code 75202	Transaction ID : SB17.I823	
Purpose of Disbursement PHONE SERVICES		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:			[MEMO ITEM] STANSFIELD 11/15	

SUBTOTAL of Disbursements This Page (optional).....	119.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2013
Mailing Address 208 SOUTH AKARD STREET		Amount of Each Disbursement this Period 29.95
City DALLAS State TX Zip Code 75202	Purpose of Disbursement PHONE SERVICES	
Candidate Name		Transaction ID : SB17.I824
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:		[MEMO ITEM] STANSFIELD 11/15

Full Name (Last, First, Middle Initial) B. PHILLIP A. TERRY		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 7228 S. ARLINGTON AVE		Amount of Each Disbursement this Period 89.75
City INDIANAPOLIS State IN Zip Code 46237-9356	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name		Transaction ID : SB17.4653
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		BEVERAGES

Full Name (Last, First, Middle Initial) C. AES DEVELOPMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2013
Mailing Address 10159 OUTRIGGER LANE		Amount of Each Disbursement this Period 1930.00
City FISHERS State IN Zip Code 46037	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name		Transaction ID : SB17.I750
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2019.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. AES DEVELOPMENT, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013		
Mailing Address 10159 OUTRIGGER LANE			Amount of Each Disbursement this Period 1500.00		
City FISHERS	State IN	Zip Code 46037	Transaction ID : SB17.I759		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	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. AES DEVELOPMENT, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013		
Mailing Address 10159 OUTRIGGER LANE			Amount of Each Disbursement this Period 1930.00		
City FISHERS	State IN	Zip Code 46037	Transaction ID : SB17.I779		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. AES DEVELOPMENT, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2013		
Mailing Address 10159 OUTRIGGER LANE			Amount of Each Disbursement this Period 1930.00		
City FISHERS	State IN	Zip Code 46037	Transaction ID : SB17.I828		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	5360.00
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 46 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. AES DEVELOPMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 10159 OUTRIGGER LANE		Amount of Each Disbursement this Period 1930.00 Transaction ID : SB17.I857
City FISHERS State IN Zip Code 46037	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AES DEVELOPMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 10159 OUTRIGGER LANE		Amount of Each Disbursement this Period 1930.00 Transaction ID : SB17.I885
City FISHERS State IN Zip Code 46037	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AES DEVELOPMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 10159 OUTRIGGER LANE		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.I900
City FISHERS State IN Zip Code 46037	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6360.00
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 47 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. AES DEVELOPMENT, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 10159 OUTRIGGER LANE		Amount of Each Disbursement this Period 1930.00
City FISHERS State IN Zip Code 46037	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I918
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. ALLY FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address P.O. BOX 380901		Amount of Each Disbursement this Period 1280.88
City BLOOMINGTON State MN Zip Code 55438	Purpose of Disbursement AUTO PAYMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I730
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ALLY FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address P.O. BOX 380901		Amount of Each Disbursement this Period 1255.13
City BLOOMINGTON State MN Zip Code 55438	Purpose of Disbursement AUTO PAYMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I755
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4466.01
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 48 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. ALLY FINANCIAL		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P.O. BOX 380901		Amount of Each Disbursement this Period 1272.63 Transaction ID : SB17.I837
City BLOOMINGTON	State MN	
Zip Code 55438	Purpose of Disbursement AUTO PAYMENT	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. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I846
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement TRAVEL - AIRLINE FEES	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) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 323.90 Transaction ID : SB17.I848
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement TRAVEL - AIRFARE	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:	

SUBTOTAL of Disbursements This Page (optional).....	1621.53
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 49 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. B&R OIL		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 28054 COUNTY ROAD 4		Amount of Each Disbursement this Period 75.00
City ELKHART	State IN	
Zip Code 46514	Purpose of Disbursement GAS	Transaction ID : SB17.I766
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BILL.COM		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 53.85
City PALO ALTO	State CA	
Zip Code 94306	Purpose of Disbursement PAYABLES SERVICE	Transaction ID : SB17.I748
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BILL.COM		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 53.85
City PALO ALTO	State CA	
Zip Code 94306	Purpose of Disbursement PAYABLES SERVICE	Transaction ID : SB17.I880
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	182.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 95
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. BILL.COM		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 61.77
City PALO ALTO	State CA	
Zip Code 94306	Purpose of Disbursement PAYABLES SERVICE	Transaction ID : SB17.I907
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BLUE GATE RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 195 N VAN BUREN ST		Amount of Each Disbursement this Period 285.65
City SHIPSHEWANA	State IN	
Zip Code 46565	Purpose of Disbursement FOOD & BEVERAGES	Transaction ID : SB17.I877
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BP		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 950 CORPORATE OFFICE DR		Amount of Each Disbursement this Period 9.41
City MILFORD	State MI	
Zip Code 48381	Purpose of Disbursement GAS	Transaction ID : SB17.I770
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	356.83
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 51 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 300 1ST ST SE		Amount of Each Disbursement this Period 199.66 Transaction ID : SB17.I830
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD & BEVERAGES	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. CAPITOLHOST		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address P.O. BOX 77896		Amount of Each Disbursement this Period 1573.87 Transaction ID : SB17.I780
City WASHINGTON	State DC	
Zip Code 20013	Purpose of Disbursement FOOD & BEVERAGES	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) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 55.00 Transaction ID : SB17.I736
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	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:	

SUBTOTAL of Disbursements This Page (optional).....	1828.53
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 52 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 124.95
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I754
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 825.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	Transaction ID : SB17.I773
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 825.00
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	Transaction ID : SB17.I805
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1774.95
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 53 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 825.00 Transaction ID : SB17.I819
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	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. CONGRESSIONAL INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1700 DIAGONAL RD STE 730		Amount of Each Disbursement this Period 1643.00 Transaction ID : SB17.I858
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement EVENT VENUE EXPENSE	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) C. CONSTANT CONTACT		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 1601 TRAPELO RD		Amount of Each Disbursement this Period 205.00 Transaction ID : SB17.I771
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement E-MAIL SERVICE	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:	

SUBTOTAL of Disbursements This Page (optional).....	2673.00
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 54 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. CONSTANT CONTACT		Date of Disbursement
Mailing Address 1601 TRAPELO RD		M M / D D / Y Y Y Y 10 / 07 / 2013
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement E-MAIL SERVICE	Amount of Each Disbursement this Period 55.00	
Candidate Name	Transaction ID : SB17.I798	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) B. CONSTANT CONTACT		Date of Disbursement
Mailing Address 1601 TRAPELO RD		M M / D D / Y Y Y Y 11 / 12 / 2013
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement E-MAIL SERVICE	Amount of Each Disbursement this Period 85.00	
Candidate Name	Transaction ID : SB17.I818	
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:	Category/ Type	

Full Name (Last, First, Middle Initial) C. CRACKER BARREL		Date of Disbursement
Mailing Address 305 HARTMANN DR		M M / D D / Y Y Y Y 12 / 12 / 2013
City LEBANON	State TN	Zip Code 37088
Purpose of Disbursement FOOD & BEVERAGES	Amount of Each Disbursement this Period 172.63	
Candidate Name	Transaction ID : SB17.I852	
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:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....	312.63
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 55 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. CRACKER BARREL		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 305 HARTMANN DR		Amount of Each Disbursement this Period 81.74
City LEBANON	State TN	
Zip Code 37088	Purpose of Disbursement FOOD & BEVERAGES	Transaction ID : SB17.I871
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 245.80
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement AIRFARE	Transaction ID : SB17.I791
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 25.00
City ATLANTA	State GA	
Zip Code 30320	Purpose of Disbursement AIRFARE FEE	Transaction ID : SB17.I792
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	352.54
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 56 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I793
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I794
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 245.80 Transaction ID : SB17.I795
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	295.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 245.80 Transaction ID : SB17.I796
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 214.00 Transaction ID : SB17.I807
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 214.00 Transaction ID : SB17.I808
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	673.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES INC			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013		
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 214.00		
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.I809		
Purpose of Disbursement AIRFARE		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES INC			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013		
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 486.80		
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.I841		
Purpose of Disbursement AIRFARE		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES INC			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013		
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 164.50		
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.I892		
Purpose of Disbursement AIRFARE		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	865.30
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 164.50 Transaction ID : SB17.I893
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 321.30 Transaction ID : SB17.I894
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I895
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	510.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 25.00
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement AIRFARE FEE	Category/Type	
Candidate Name	Transaction ID : SB17.I896	
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. DELTA AIR LINES INC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2013
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 321.30
City ATLANTA	State GA	Zip Code 30320
Purpose of Disbursement AIRFARE	Category/Type	
Candidate Name	Transaction ID : SB17.I897	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. ELECTION CFO		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1004.16
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement COMPLIANCE CONSULTING; CONSULTANT EXPENSES	Category/Type	
Candidate Name	Transaction ID : SB17.I784	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1350.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. ELECTION CFO		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.I917
City ALEXANDRIA	State VA Zip Code 22313	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTION CFO		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 4009.48 Transaction ID : SB17.I925
City ALEXANDRIA	State VA Zip Code 22313	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 85.01 Transaction ID : SB17.I849
City MEMPHIS	State TN Zip Code 38120	
Purpose of Disbursement PRINTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5094.49
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2013
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 16.33
City MEMPHIS	State TN	
Zip Code 38120	Purpose of Disbursement PRINTING	Transaction ID : SB17.I884
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GULA GRAHAM		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 1169.20
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	Transaction ID : SB17.I760
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. GULA GRAHAM		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 3636.92
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	Transaction ID : SB17.I790
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4822.45
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. GULA GRAHAM		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 9870.00 Transaction ID : SB17.I886
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. GULA GRAHAM		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 9153.04 Transaction ID : SB17.I919
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HARRY & IZZY'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 153 SOUTH ILLINOIS ST.		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.I744
City INDIANAPOLIS State IN Zip Code 46225	Purpose of Disbursement FOOD AND BEVERAGES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19088.04
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. HARRY & IZZY'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 153 SOUTH ILLINOIS ST.		Amount of Each Disbursement this Period 94.68
City INDIANAPOLIS	State IN Zip Code 46225	
Purpose of Disbursement FOOD AND BEVERAGES	Candidate Name	Transaction ID : SB17.I746
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 2050 CHENAULT DR		Amount of Each Disbursement this Period 428.37
City CARROLTON	State TX Zip Code 75006	
Purpose of Disbursement LODGING	Candidate Name	Transaction ID : SB17.I872
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. HOUSE MEMBERS DINING ROOM		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address US HOUSE OF REPRESENTATIVES		Amount of Each Disbursement this Period 51.10
City WASHINGTON	State DC Zip Code 20515	
Purpose of Disbursement FOOD AND BEVERAGES	Candidate Name	Transaction ID : SB17.I761
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	574.15
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial)
A. HOWE TRAVEL PLAZA

Mailing Address 50 W 750 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 15 / 2013

Amount of Each Disbursement this Period: 74.51

Transaction ID : SB17.I811

Category/Type

Full Name (Last, First, Middle Initial)
B. HUMAN EVENTS GROUP

Mailing Address 1 MASSACHUSETTS AVE NW, SUITE 600

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2013

Amount of Each Disbursement this Period: 6250.00

Transaction ID : SB17.I799

Category/Type

Full Name (Last, First, Middle Initial)
C. INDIANA SOCIETY OF CHICAGO

Mailing Address P.O. BOX 46129

City CHICAGO State IL Zip Code 60646

Purpose of Disbursement EVENT TICKETS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2013

Amount of Each Disbursement this Period: 230.00

Transaction ID : SB17.I753

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... 6554.51

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. INDIANA STATEWIDE ASSOCIATION OF RECS, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 720 N. HIGH SCHOOL RD.		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.I800
City INDIANAPOLIS	State IN	
Zip Code 46214	Purpose of Disbursement EVENT TICKETS	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. INDIANA TOLL ROAD		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address 52551 ASH RD		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.I875
City GRANGER	State IN	
Zip Code 46530	Purpose of Disbursement TOLLS	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) C. INDIANA TOLL ROAD		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 52551 ASH RD		Amount of Each Disbursement this Period 49.00 Transaction ID : SB17.I878
City GRANGER	State IN	
Zip Code 46530	Purpose of Disbursement TOLLS	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:	

SUBTOTAL of Disbursements This Page (optional).....	379.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.I839
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. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2013
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.I879
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement ACCOUNTING SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.I890
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	128.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial)
A. J2 GLOBAL COMMUNICATIONS

Mailing Address 6922 HOLLYWOOD BLVD #500

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement FAX SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 11 / 2013

Amount of Each Disbursement this Period: 16.95

Transaction ID : SB17.I806

Full Name (Last, First, Middle Initial)
B. J2 GLOBAL COMMUNICATIONS

Mailing Address 6922 HOLLYWOOD BLVD #500

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement FAX SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2013

Amount of Each Disbursement this Period: 16.95

Transaction ID : SB17.I815

Full Name (Last, First, Middle Initial)
C. J2 GLOBAL COMMUNICATIONS

Mailing Address 6922 HOLLYWOOD BLVD #500

City LOS ANGELES State CA Zip Code 90028

Purpose of Disbursement FAX SERVICE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 11 / 2013

Amount of Each Disbursement this Period: 16.95

Transaction ID : SB17.I850

SUBTOTAL of Disbursements This Page (optional) 50.85

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. LASSUS BROTHERS OIL CO		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 1800 MAGNAVOX WAY		Amount of Each Disbursement this Period 67.23
City FORT WAYNE	State IN	
Zip Code 46804	Purpose of Disbursement GAS	Transaction ID : SB17.I735
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. LASSUS BROTHERS OIL CO		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 1800 MAGNAVOX WAY		Amount of Each Disbursement this Period 78.14
City FORT WAYNE	State IN	
Zip Code 46804	Purpose of Disbursement GAS	Transaction ID : SB17.I762
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LASSUS BROTHERS OIL CO		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 1800 MAGNAVOX WAY		Amount of Each Disbursement this Period 26.46
City FORT WAYNE	State IN	
Zip Code 46804	Purpose of Disbursement GAS	Transaction ID : SB17.I787
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	171.83
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. LASSUS BROTHERS OIL CO			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013	
Mailing Address 1800 MAGNAVOX WAY			Amount of Each Disbursement this Period 75.29	
City FORT WAYNE	State IN	Zip Code 46804	Transaction ID : SB17.I861	
Purpose of Disbursement GAS		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. LIMESTONE STRATEGIES			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013	
Mailing Address 12409 BREAN WAY			Amount of Each Disbursement this Period 6910.25	
City FISHERS	State IN	Zip Code 46037	Transaction ID : SB17.I833	
Purpose of Disbursement PRINTING AND POSTAGE		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) C. MARATHON OIL			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013	
Mailing Address 5555 SAN FELIPE ROAD			Amount of Each Disbursement this Period 60.49	
City HOUSTON	State TX	Zip Code 77056	Transaction ID : SB17.I768	
Purpose of Disbursement GAS		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:				

SUBTOTAL of Disbursements This Page (optional).....	7046.03
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. MJM DESIGN		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 5565 WASHINGTON BLVD		Amount of Each Disbursement this Period 270.00
City INDIANAPOLIS State IN Zip Code 46220	Purpose of Disbursement PRINTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I778
State: District:		

Full Name (Last, First, Middle Initial) B. MOUNT VERNON INN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013
Mailing Address 3200 MOUNT VERNON MEMORIAL HWY		Amount of Each Disbursement this Period 346.94
City ALEXANDRIA State VA Zip Code 22121	Purpose of Disbursement EVENT CATERING EXPENSE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I853
State: District:		

Full Name (Last, First, Middle Initial) C. MOUNT VERNON INN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 3200 MOUNT VERNON MEMORIAL HWY		Amount of Each Disbursement this Period 380.00
City ALEXANDRIA State VA Zip Code 22121	Purpose of Disbursement EVENT CATERING EXPENSE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I909
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	996.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. OFFICEMAX		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 361.00 Transaction ID : SB17.I772
City NAPERVILLE	State IL	
Zip Code 60563	Purpose of Disbursement OFFICE SUPPLIES	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. OFFICEMAX		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2013
Mailing Address 263 SHUMAN BLVD		Amount of Each Disbursement this Period 55.64 Transaction ID : SB17.I817
City NAPERVILLE	State IL	
Zip Code 60563	Purpose of Disbursement OFFICE SUPPLIES	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) C. ONE ETEAM		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address P.O. BOX 2323		Amount of Each Disbursement this Period 82.55 Transaction ID : SB17.I789
City SOUTH BEND	State IN	
Zip Code 46683	Purpose of Disbursement WEBSITE EXPENSES	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:	

SUBTOTAL of Disbursements This Page (optional).....	499.19
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial)
A. PILOT TRAVEL CENTERS LLC

Mailing Address 5508 LONAS DR

City KNOXVILLE State TN Zip Code 37909

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 27 / 2013

Amount of Each Disbursement this Period: 44.00

Transaction ID : SB17.I747

Full Name (Last, First, Middle Initial)
B. PILOT TRAVEL CENTERS LLC

Mailing Address 5508 LONAS DR

City KNOXVILLE State TN Zip Code 37909

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2013

Amount of Each Disbursement this Period: 60.00

Transaction ID : SB17.I862

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

Mailing Address 401 W 15TH ST STE 520

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2013

Amount of Each Disbursement this Period: 1.13

Transaction ID : SB17.I930

SUBTOTAL of Disbursements This Page (optional) 105.13

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 1.13 Transaction ID : SB17.I931
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 2.25 Transaction ID : SB17.I932
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 1.13 Transaction ID : SB17.I933
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4.51
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 4.50 Transaction ID : SB17.I934
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 4.50 Transaction ID : SB17.I935
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 22.50 Transaction ID : SB17.I936
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	31.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 2.25
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name		Transaction ID : SB17.I937
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 45.00
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name		Transaction ID : SB17.I938
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 22.50
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name		Transaction ID : SB17.I939
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	69.75
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 401 W 15TH ST STE 520		Amount of Each Disbursement this Period 11.25
City AUSTIN State TX Zip Code 78701	Purpose of Disbursement CC PROCESSING	
Candidate Name		Transaction ID : SB17.I940
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. PROGRESSIVE INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 6300 WILSON MILLS RD		Amount of Each Disbursement this Period 1233.00
City MAYFIELD State OH Zip Code 44143	Purpose of Disbursement AUTO INSURANCE	
Candidate Name		Transaction ID : SB17.I740
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address ONE SHELL PLAZA		Amount of Each Disbursement this Period 48.07
City HOUSTON State TX Zip Code 77002	Purpose of Disbursement GAS	
Candidate Name		Transaction ID : SB17.I829
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1292.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address ONE SHELL PLAZA		Amount of Each Disbursement this Period 33.30
City HOUSTON State TX Zip Code 77002	Purpose of Disbursement GAS	
Candidate Name		Transaction ID : SB17.I834
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SIGLER MARKETING SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 2886 E HICKORY LN		Amount of Each Disbursement this Period 426.78
City COLUMBIA CITY State IN Zip Code 46725	Purpose of Disbursement PRINTING & POSTAGE	
Candidate Name		Transaction ID : SB17.I887
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SPEEDWAY SUPERAMERICA LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address P.O.BOX 1500		Amount of Each Disbursement this Period 75.00
City SPRINGFIELD State OH Zip Code 45501	Purpose of Disbursement GAS	
Candidate Name		Transaction ID : SB17.I831
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	535.08
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. SPEEDWAY SUPERAMERICA LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address P.O.BOX 1500		Amount of Each Disbursement this Period 75.00
City SPRINGFIELD	State OH	
Zip Code 45501	Purpose of Disbursement GAS	Transaction ID : SB17.I845
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SPEEDWAY SUPERAMERICA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address P.O.BOX 1500		Amount of Each Disbursement this Period 42.48
City SPRINGFIELD	State OH	
Zip Code 45501	Purpose of Disbursement GAS	Transaction ID : SB17.I860
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. SPEEDWAY SUPERAMERICA LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2013
Mailing Address P.O.BOX 1500		Amount of Each Disbursement this Period 33.75
City SPRINGFIELD	State OH	
Zip Code 45501	Purpose of Disbursement GAS	Transaction ID : SB17.I864
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	151.23
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. SPEEDWAY SUPERAMERICA LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013		
Mailing Address P.O.BOX 1500			Amount of Each Disbursement this Period 74.50		
City SPRINGFIELD	State OH	Zip Code 45501	Transaction ID : SB17.I883		
Purpose of Disbursement GAS	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)		Category/ Type		
State: District:					

Full Name (Last, First, Middle Initial) B. SPEEDWAY SUPERAMERICA LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013		
Mailing Address P.O.BOX 1500			Amount of Each Disbursement this Period 75.00		
City SPRINGFIELD	State OH	Zip Code 45501	Transaction ID : SB17.I889		
Purpose of Disbursement GAS	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)		Category/ Type		
State: District:					

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2013		
Mailing Address 500 STAPLES DR			Amount of Each Disbursement this Period 124.82		
City FRAMINGHAM	State MA	Zip Code 01702	Transaction ID : SB17.I826		
Purpose of Disbursement OFFICE SUPPLES	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)		Category/ Type		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	274.32
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 11 / 01 / 2013
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 43.76	
Candidate Name	Transaction ID : SB17.I734	
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. SUREPAYROLL		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 12 / 01 / 2013
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 43.76	
Candidate Name	Transaction ID : SB17.I752	
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. SUREPAYROLL		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 10 / 01 / 2013
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 43.76	
Candidate Name	Transaction ID : SB17.I786	
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	131.28
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. SUREPAYROLL		Date of Disbursement										
Mailing Address 2350 RAVINE WAY STE 100		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>13</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		13		2013
M M	/	D D	/	Y Y Y Y								
12		13		2013								
City GLENVIEW	State IL	Zip Code 60025										
Purpose of Disbursement PAYROLL TAX ADJSUTEMNET		Amount of Each Disbursement this Period										
Candidate Name		<table border="1"> <tr> <td>45.34</td> </tr> </table>	45.34									
45.34												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.I854										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial) B. SUREPAYROLL		Date of Disbursement										
Mailing Address 2350 RAVINE WAY STE 100		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>13</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		13		2013
M M	/	D D	/	Y Y Y Y								
12		13		2013								
City GLENVIEW	State IL	Zip Code 60025										
Purpose of Disbursement PAYROLL PROCESSING		Amount of Each Disbursement this Period										
Candidate Name		<table border="1"> <tr> <td>43.76</td> </tr> </table>	43.76									
43.76												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.I856										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement										
Mailing Address 4000 E SKY HARBOR BLVD		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>28</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		28		2013
M M	/	D D	/	Y Y Y Y								
10		28		2013								
City PHOENIX	State AZ	Zip Code 85034										
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period										
Candidate Name		<table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00									
200.00												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : SB17.I906										
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State:	District:											

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>289.10</td> </tr> </table>	289.10
289.10		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	Transaction ID : SB17.I908
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. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I910
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	Transaction ID : SB17.I911
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	425.00
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 84 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I912
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I913
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I914
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	75.00
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 85 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.I915
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period 2.92 Transaction ID : SB17.I731
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period 46.00 Transaction ID : SB17.I775
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	248.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.I776
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement POSTAGE	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. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2013
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period 5.60 Transaction ID : SB17.I777
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement POSTAGE	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) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period 92.00 Transaction ID : SB17.I803
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement POSTAGE	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:	

SUBTOTAL of Disbursements This Page (optional).....	103.20
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 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>15</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		15		2013
M M	/	D D	/	Y Y Y Y								
10		15		2013								
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period										
City	State											
WASHINGTON	DC	<table border="1"> <tr> <td colspan="4"></td> <td>5.80</td> </tr> </table>					5.80					
				5.80								
Zip Code	20024	Transaction ID : SB17.I812										
Purpose of Disbursement	Category/Type											
POSTAGE												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>22</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		22		2013
M M	/	D D	/	Y Y Y Y								
11		22		2013								
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period										
City	State											
WASHINGTON	DC	<table border="1"> <tr> <td colspan="4"></td> <td>33.12</td> </tr> </table>					33.12					
				33.12								
Zip Code	20024	Transaction ID : SB17.I840										
Purpose of Disbursement	Category/Type											
POSTAGE												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>24</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		24		2013
M M	/	D D	/	Y Y Y Y								
10		24		2013								
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period										
City	State											
WASHINGTON	DC	<table border="1"> <tr> <td colspan="4"></td> <td>12.90</td> </tr> </table>					12.90					
				12.90								
Zip Code	20024	Transaction ID : SB17.I905										
Purpose of Disbursement	Category/Type											
POSTAGE												
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="4"></td> <td>51.82</td> </tr> </table>					51.82
				51.82		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>					

**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 95		
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 987.48 Transaction ID : SB17.I732
City LEHIGH VALLEY	State PA	
Zip Code 18022	Purpose of Disbursement PHONE BILL	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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.I836
City LEHIGH VALLEY	State PA	
Zip Code 18022	Purpose of Disbursement PHONE BILL	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) C. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.I869
City LEHIGH VALLEY	State PA	
Zip Code 18022	Purpose of Disbursement PHONE BILL	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:	

SUBTOTAL of Disbursements This Page (optional).....	1057.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2013
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 508.89 Transaction ID : SB17.I876
City LEHIGH VALLEY	State PA	
Zip Code 18022	Purpose of Disbursement PHONE BILL	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. VERIZON WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.I891
City LEHIGH VALLEY	State PA	
Zip Code 18022	Purpose of Disbursement CELL SERVICE	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) C. WALMART STORES, INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2013
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 48.05 Transaction ID : SB17.I821
City BENTONVILLE	State AR	
Zip Code 72716	Purpose of Disbursement OFFICE SUPPLIES	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:	

SUBTOTAL of Disbursements This Page (optional).....	591.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. WELLS FARGO			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013	
Mailing Address 420 MONTGOMERY ST			Amount of Each Disbursement this Period 9.95	
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : SB17.I739	
Purpose of Disbursement BANK CHARGE		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. WELLS FARGO			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013	
Mailing Address 420 MONTGOMERY ST			Amount of Each Disbursement this Period 3.00	
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : SB17.I765	
Purpose of Disbursement BANK CHARGE		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) C. WELLS FARGO			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013	
Mailing Address 420 MONTGOMERY ST			Amount of Each Disbursement this Period 9.95	
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : SB17.I801	
Purpose of Disbursement BANK CHARGE		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: _____			

SUBTOTAL of Disbursements This Page (optional).....	22.90
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 95			
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 92.95 Transaction ID : SB17.I804
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK FEE	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. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.I813
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK CHARGE	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) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 420 MONTGOMERY ST		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.I929
City SAN FRANCISCO	State CA	
Zip Code 94104	Purpose of Disbursement BANK CHARGE	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:	

SUBTOTAL of Disbursements This Page (optional).....	92.95
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 95	
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. WESTIN		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address 1111 WESTCHESTER AVE		Amount of Each Disbursement this Period 299.43
City WHITE PLAINS State NY Zip Code 10604	Category/Type	
Purpose of Disbursement TRAVEL ACCOMODATIONS	Candidate Name	Transaction ID : SB17.I749
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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:		

SUBTOTAL of Disbursements This Page (optional).....	299.43
TOTAL This Period (last page this line number only).....	92428.74

**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 95
	<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)
Marlin Stutzman for Congress

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 320 FIRST ST SE		Amount of Each Disbursement this Period 86815.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement DUES	
Candidate Name	Category/Type	Transaction ID : SB21.I920
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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:		

SUBTOTAL of Disbursements This Page (optional).....	86815.00
TOTAL This Period (last page this line number only).....	86815.00

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.001**
Marlin Stutzman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) ALLY FINANCIAL	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P. O. BOX 380901	

City	State	ZIP Code	
BLOOMINGTON	MN	55438	AUTO LOAN FOR CAMPAIGN TRUCK

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45184.68	19238.98	25945.70

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 24 / Y 2012	M 11 / D 09 / Y 2015	6.49 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	25945.70
TOTALS This Period (last page in this line only).....	25945.70

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

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Marlin Stutzman for Congress		Transaction ID : SC-1.001	FEC IDENTIFICATION NUMBER
			C C00484683
LENDING INSTITUTION (LENDER) Full Name ALLY FINANCIAL		Amount of Loan 45184.68	Interest Rate (APR) 6.49 %
Mailing Address PO BOX 380901		Date Incurred or Established MM / DD / YYYY 09 / 24 / 2012	
City BLOOMINGTON	State Zip Code MN 55438	Date Due MM / DD / YYYY 11 / 09 / 2015	Back Ref SC10.001
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred MM / DD / YYYY	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: 25945.70	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>TRUCK</u>		What is the value of this collateral? 55184.68 Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY _____		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name CHRIS MARSTON Signature _____		DATE MM / DD / YYYY 09 / 24 / 2012	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name RANDY A. GODFREY Signature RANDY A. GODFREY		[Electronically Filed] DATE MM / DD / YYYY 07 / 31 / 2013	
		Title OPERATION MANAGER	