

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

Marshall Adame for Congress Committee

ADDRESS (number and street) 1250 Western Blvd
STE L2. PMB-112
Check if different than previously reported. (ACC) Jacksonville NC 28546

2. FEC IDENTIFICATION NUMBER ▼

C C00552943

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NC 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 MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
07/01/2014 through 09/30/2014

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 Mrs. MARY ELIZABETH TRACY

Signature of Treasurer Mrs. MARY ELIZABETH TRACY [Electronically Filed] Date

MM/DD/YYYY
09/30/2014

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									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Marshall Adame for Congress Committee

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))....	6212.96	11607.96
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	6212.96	11607.96
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4444.45	6650.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4444.45	6650.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4987.36	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Marshall Adame for Congress Committee

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).....	3377.00	5577.00
(ii) Unitemized.....	2510.96	4940.96
(iii) TOTAL of contributions from individuals ▶	5887.96	10517.96
(b) Political Party Committees.....	100.00	100.00
(c) Other Political Committees (such as PACs).....	225.00	225.00
(d) The Candidate.....	0.00	765.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	6212.96	11607.96
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	138.00	138.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6350.96	11745.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4444.45	6650.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	38.41	108.41
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4482.86	6758.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3119.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6350.96
25. SUBTOTAL (add Line 23 and Line 24).....	9470.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4482.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4987.36

**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 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)
Marshall Adame for Congress Committee

A. Full Name (Last, First, Middle Initial)
M. BRUCE BERBERICH

Mailing Address **204 CLUB PINES DRIVE**

City **GREENVILLE** State **NC** Zip Code **28590**

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

Name of Employer **NONE** Occupation **RETIRED CIVIL SERVANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
08 / 26 / 2014

Transaction ID : SA11AI.4365

Amount of Each Receipt this Period
250.00
 PERSONAL CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEBRA BISSETT

Mailing Address **4106 OLD EXCHANGE PLACE**

City **MIDOTHIAN** State **VA** Zip Code **23112**

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

Name of Employer **RAYTHEON** Occupation **WEBMASTER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 07 / 2014

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period
100.00
 PERSONAL CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ms JANE ELLEN COOGAN

Mailing Address **2170 ROYAL PINES DRIVE**

City **NEW BERN** State **NC** Zip Code **28560**

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
300.00
 PERSONAL POLITICAL CONTRIBUTION

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

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

650.00

**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 19
	<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)
Marshall Adame for Congress Committee

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

Mailing Address **263 WHALEY LANE**

City **NEWPORT** State **NC** Zip Code **28570**

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

Name of Employer **MUSICIAN** Occupation **SELF**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 10 / 2014

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
500.00
 PERSONAL CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Ms KATHRYN P KING

Mailing Address **1822 - 6 s, GENBURNIE RD, NO 375**

City **NEW BERN** State **NC** Zip Code **28562**

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

Name of Employer **none** Occupation **Retird**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
09 / 12 / 2014

Transaction ID : SA11AI.4422

Amount of Each Receipt this Period
500.00
 PERSONAL CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mr. JAMES E. KUNZ

Mailing Address **1218 CORAL REEF COURT**

City **NEW BERN** State **NC** Zip Code **28560**

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
 M M / D D / Y Y Y Y
08 / 26 / 2014

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period
100.00
 PERSONAL CAMPAIGN CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<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)
Marshall Adame for Congress Committee

A. Full Name (Last, First, Middle Initial)
EVA LEE

Mailing Address 1200 NEW WORLD CIRCLE #102

City RALEIGH State NC Zip Code 27615

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

Name of Employer SELF Occupation TAX 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
 08 / 19 / 2014

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
 250.00
 PERSONAL CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Ms LINDA C LORE

Mailing Address 200 TWO LAKES TRL

City NEW BERN State NC Zip Code 28560

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

Name of Employer Retired Occupation None

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 16 / 2014

Transaction ID : SA11AI.4437

Amount of Each Receipt this Period
 1000.00
 PERSONAL CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Mrs. NANCY PLUTO

Mailing Address 2131 ROYAL PINES DRIVE

City NEW BERN State NC Zip Code 28560

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2014

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period
 100.00
 PERSONAL CAMPAIGN 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 8 OF 19
	<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)
Marshall Adame for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. JAMES PROTZMAN

Mailing Address 451 LAKESHORE LANE

City State Zip Code
CHAPEL HILL NC 27514

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

Name of Employer Occupation
SELF WRITER

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
07 / 28 / 2014

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period
250.00

PERSONAL CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mr. JOHN SIMENSON

Mailing Address 905 HAWKSBILL CT

City State Zip Code
NEWBERN NC 28560

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1127.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 26 / 2014

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period
27.00

PERSONAL CAMPAIGN 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).....

277.00

3377.00

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 19	
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Marshall Adame for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mrs. CAROLYN (ocdp) BRYNE

Mailing Address **PO BOX 980**

City **SWANSBORO** State **NC** Zip Code **28540**

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

Name of Employer **Onslow County Dem party** Occupation **Party Chair**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2014

Transaction ID : SA11B.4391

Amount of Each Receipt this Period
100.00
 POLITICAL 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 M / D 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 M / D 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).....

100.00

100.00

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 19		
<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)
Marshall Adame for Congress Committee

A. Full Name (Last, First, Middle Initial)
DEMOCRATIC WOMEN OF PITT COUNTY

Mailing Address **PO BOX 7282**

City **Greenville** State **NC** Zip Code **27282**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2014

Transaction ID : SA11C.4392

Amount of Each Receipt this Period

225.00

POLITICAL 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

Amount of Each Receipt this Period

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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

Amount of Each Receipt this Period

--

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

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

225.00
225.00

**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 19
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Marshall Adame for Congress Committee

A. Full Name (Last, First, Middle Initial) Mr. MARSHALL R ADAME Mailing Address 711 SHADOWRIDGE City State Zip Code JACKSONVILLE NC 28546 FEC ID number of contributing federal political committee. C H8NC03043 Name of Employer Occupation SIGMATECH ANALYST Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 903.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014 Transaction ID : SA15.4269 Amount of Each Receipt this Period 138.00 REFUND OF JULY 2ND FOOD LION EXPENSE
---	---

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Amount of Each Receipt this Period
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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y Y Amount of Each Receipt this Period
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SUBTOTAL of Receipts This Page (optional).....	138.00
TOTAL This Period (last page this line number only).....	138.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19			
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial) A. CIRCLE K STORE		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 199 PINE VALLEY ROAD		Amount of Each Disbursement this Period 44.13 Transaction ID : SB17.4279
City JACKSONVILLE State NC Zip Code 28654	Purpose of Disbursement GAS-JAX-GREENVILLE-JAX-NEWBERN-NEWBERRY-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) B. CIRCLE K STORE		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 199 PINE VALLEY ROAD		Amount of Each Disbursement this Period 43.23 Transaction ID : SB17.4290
City JACKSONVILLE State NC Zip Code 28654	Purpose of Disbursement GAS-JAX-WILMINGTON-JAX-NEWBERN-ORIENTAL-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) C. CIRCLE K STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 199 PINE VALLEY ROAD		Amount of Each Disbursement this Period 38.70 Transaction ID : SB17.4414
City JACKSONVILLE State NC Zip Code 28654	Purpose of Disbursement GAS-JAX-NEWBERN-JAX-MAYSVILLE-JAX-FAIRFIELD HARBOR-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

SUBTOTAL of Disbursements This Page (optional).....	126.06
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 13 OF 19	
	<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)
Marshall Adame for Congress Committee

A. CIRCLE K STORE

Full Name (Last, First, Middle Initial)
Mailing Address 199 PINE VALLEY ROAD

City JACKSONVILLE State NC Zip Code 28654

Purpose of Disbursement
GAS-JAX-GREENVILLE-JAX-WILMINGTON-JAX-NEWBERN

Candidate Name
Marshall Adame for Congress Committee

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 03

Date of Disbursement: 09 / 17 / 2014

Amount of Each Disbursement this Period: 44.40

Transaction ID : SB17.4426

Category/Type: 002

B. Mr. GEORGE FISHER

Full Name (Last, First, Middle Initial)
Mailing Address 1720 STONE WOOD DR

City WINTERVILLE State NC Zip Code 28590

Purpose of Disbursement
PROFESSIONAL MANAGEMENT CONSULTANT FEE

Candidate Name
Marshall Adame for Congress Committee

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 03

Date of Disbursement: 08 / 11 / 2014

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.4322

Category/Type: 001

C. Mr. GEORGE FISHER

Full Name (Last, First, Middle Initial)
Mailing Address 1720 STONE WOOD DR

City WINTERVILLE State NC Zip Code 28590

Purpose of Disbursement
CONSULTATION SERVICE

Candidate Name
Marshall Adame for Congress Committee

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 03

Date of Disbursement: 08 / 22 / 2014

Amount of Each Disbursement this Period: 200.00

Transaction ID : SB17.4354

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 544.40

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 14 OF 19			
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. GEORGE FISHER		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 1720 STONE WOOD DR		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4375
City WINTERVILLE	State NC	
Purpose of Disbursement PROFESSIONAL MANAGEMENT CONSULTATION FEE		Category/ Type
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 03	

Full Name (Last, First, Middle Initial) B. MONTE PRINTING		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address P.O.BOX 12391		Amount of Each Disbursement this Period 603.93 Transaction ID : SB17.4419
City NEW BERN	State NC	
Purpose of Disbursement 5000 RACK CARDS		Category/ Type 006
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 03	

Full Name (Last, First, Middle Initial) C. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2014
Mailing Address 2085 NORTH MARINE BLVD		Amount of Each Disbursement this Period 152.66 Transaction ID : SB17.4291
City JACKSONVILLE	State NC	
Purpose of Disbursement LABELS-COPIES-INK		Category/ Type 001
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	956.59
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 15 OF 19			
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial) A. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2085 NORTH MARINE BLVD		Amount of Each Disbursement this Period 193.88 Transaction ID : SB17.4395
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement FLYERS-PAPER-MARKERS 001 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) B. OFFICE MAX		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address 2085 NORTH MARINE BLVD		Amount of Each Disbursement this Period 49.44 Transaction ID : SB17.4427
City JACKSONVILLE State NC Zip Code 28546	Purpose of Disbursement OFFICE SUPPLIES 001 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) C. PRINTS MADE EASY.COM		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 8000 HASKELL AVE		Amount of Each Disbursement this Period 121.58 Transaction ID : SB17.4299
City VAN NUYS State CA Zip Code 91406	Purpose of Disbursement BUSINESS AND PALM CARDS 004 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

SUBTOTAL of Disbursements This Page (optional).....	364.90
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 16 OF 19			
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial) A. PRINTS MADE EASY.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 8000 HASKELL AVE		Amount of Each Disbursement this Period 60.89 Transaction ID : SB17.4428
City VAN NUYS State CA Zip Code 91406	Purpose of Disbursement 500 CAMPAIGN BUSINESS CARDS 006 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) B. SCOTCHMAN SHELL GAS STATION #66		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 267 WESTERN BLVD		Amount of Each Disbursement this Period 50.79 Transaction ID : SB17.4341
City JACKSONVILLE State NC Zip Code 28540	Purpose of Disbursement STAFFCARGAS-GREENVILLE-JAX-WILMINGTON-JAX-NEWBERN-GREENVILLE-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) C. SCOTCHMAN SHELL GAS STATION #66		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2014
Mailing Address 267 WESTERN BLVD		Amount of Each Disbursement this Period 49.73 Transaction ID : SB17.4340
City JACKSONVILLE State NC Zip Code 28540	Purpose of Disbursement GAS-JAX-WASHINGTON-MOREHEADCITY-NEWBERN-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

SUBTOTAL of Disbursements This Page (optional).....	161.41
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 17 OF 19	
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial)
A. SCOTCHMAN SHELL GAS STATION #66

Mailing Address 267 WESTERN BLVD

City JACKSONVILLE State NC Zip Code 28540

Purpose of Disbursement GAS-JAX-MAYSVILLE-JAX-WILMINGTON-JAX

Candidate Name **Marshall Adame for Congress Committee**

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 03

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 43.80

Transaction ID : SB17.4397

Category/Type: 002

Full Name (Last, First, Middle Initial)
B. SCOTCHMAN SHELL GAS STATION #66

Mailing Address 267 WESTERN BLVD

City JACKSONVILLE State NC Zip Code 28540

Purpose of Disbursement GAS-JAX-MAYSVILLE-JAX-WILMINGTON-JAX-NEWBERN-JAX

Candidate Name **Marshall Adame for Congress Committee**

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 03

Date of Disbursement: 09 / 01 / 2014

Amount of Each Disbursement this Period: 41.14

Transaction ID : SB17.4396

Category/Type: 002

Full Name (Last, First, Middle Initial)
C. SCOTCHMAN SHELL GAS STATION #66

Mailing Address 267 WESTERN BLVD

City JACKSONVILLE State NC Zip Code 28540

Purpose of Disbursement GAS-JAX-NEWBERN-JAX-WILMINGTON-JAX

Candidate Name **Marshall Adame for Congress Committee**

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 03

Date of Disbursement: 09 / 03 / 2014

Amount of Each Disbursement this Period: 32.14

Transaction ID : SB17.4408

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) 117.08

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 18 OF 19	
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial) A. SCOTCHMAN SHELL GAS STATION #66		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 267 WESTERN BLVD		Amount of Each Disbursement this Period 42.33 Transaction ID : SB17.4444
City JACKSONVILLE State NC Zip Code 28540	Purpose of Disbursement GAS-JAX-WILMINGTON-JAX-NEWBERN-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) B. SCOTCHMAN SHELL GAS STATION #66		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 267 WESTERN BLVD		Amount of Each Disbursement this Period 35.36 Transaction ID : SB17.4442
City JACKSONVILLE State NC Zip Code 28540	Purpose of Disbursement GAS-JAX-MAYSVILLE-JAX-FAYETTEVILLE-JAX 002 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

Full Name (Last, First, Middle Initial) C. SIGNS ON THE CHEAP		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2014
Mailing Address 11525A STONEHOLLOW DR SUITE 100		Amount of Each Disbursement this Period 419.87 Transaction ID : SB17.4373
City AUSTIN State TX Zip Code 78758	Purpose of Disbursement CAMPAIGN YARD SIGNS 004 Category/Type	
Candidate Name Marshall Adame for Congress Committee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03		

SUBTOTAL of Disbursements This Page (optional).....	497.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 19	
	<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)
Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial) A. SIGNS ON THE CHEAP		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 11525A STONEHOLLOW DR SUITE 100		Amount of Each Disbursement this Period 509.23
City AUSTIN State TX Zip Code 78758	Purpose of Disbursement CUSTOM CAMPAIGN SIGNS - 125	
Candidate Name Marshall Adame for Congress Committee		Transaction ID : SB17.4458
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03	Category/Type 004	

Full Name (Last, First, Middle Initial) B. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address VISTAPRINT.COM		Amount of Each Disbursement this Period 227.90
City INTERNET ADDRESS ONLY State Zip Code 00000	Purpose of Disbursement Campaign Car magnets	
Candidate Name Marshall Adame for Congress Committee		Transaction ID : SB17.4308
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 03	Category/Type 004	

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	
Candidate Name		Transaction ID
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).....	737.13
TOTAL This Period (last page this line number only).....	3505.13