



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Andel 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))....	5700.42	51222.89
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5700.42	50722.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	11237.96	50733.38
(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)).....	11237.96	50733.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Andel 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).....	5260.42	42197.89
(ii) Unitemized.....	440.00	9025.00
(iii) TOTAL of contributions from individuals ▶	5700.42	51222.89
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5700.42	51222.89
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.).....		
	0.00	10.49
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	5700.42	51233.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11237.96	50733.38
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11237.96	51233.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5537.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5700.42
25. SUBTOTAL (add Line 23 and Line 24).....	11237.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11237.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 14
	<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)  
**Andel for Congress**

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

Mailing Address **P O Box 32776**

City **Palm Beach Gardens** State **FL** Zip Code **33420**

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  
**03 / 28 / 2014**

**Transaction ID : SA11AI.4570**

Amount of Each Receipt this Period  
 4240.42

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

Mailing Address **150 Bradley Place  
Apt 407**

City **Palm Beach** State **FL** Zip Code **33480**

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

Name of Employer Occupation  
**Retired Diplomat**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 29 / 2014**

**Transaction ID : SA11AI.4580**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address **6490 SW Thistle Terr**

City **Palm City** State **FL** Zip Code **34990**

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

Name of Employer Occupation  
**Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 13 / 2014**

**Transaction ID : SA11AI.4550**

Amount of Each Receipt this Period  
 270.00

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

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

4760.42

**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 14
	<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)  
**Andel for Congress**

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

Mailing Address 2570 Tecumseh Dr

City State Zip Code  
West Palm Beach FL 33409

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

Name of Employer Requested Occupation Requested

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  
 01 / 22 / 2014

**Transaction ID : SA11Al.4555**

Amount of Each Receipt this Period  
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

5260.42

**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 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Ellen Andel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P O Box 32776		Amount of Each Disbursement this Period 2464.76
City Palm Beach Gardens	State FL	
Zip Code 33420	Purpose of Disbursement	Transaction ID : SB17.4574
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Ellen Andel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P O Box 32776		Amount of Each Disbursement this Period 1710.66
City Palm Beach Gardens	State FL	
Zip Code 33420	Purpose of Disbursement	Transaction ID : SB17.4575
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Ellen Andel</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P O Box 32776		Amount of Each Disbursement this Period 65.00
City Palm Beach Gardens	State FL	
Zip Code 33420	Purpose of Disbursement	Transaction ID : SB17.4577
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4240.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14			
	<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	

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)  
**Andel for Congress**

Full Name (Last, First, Middle Initial) <b>A. Axiom Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		Amount of Each Disbursement this Period 35.00
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement	Transaction ID : SB17.4578
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Blue Ocean Press</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 6299 NW 27th Way		Amount of Each Disbursement this Period 84.80
City Ft Lauderdale	State FL	
Zip Code 33309	Purpose of Disbursement Business Cards	Transaction ID : SB17.4527
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Law Office of James C Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 4131 N Mulberry Drive Suite 200		Amount of Each Disbursement this Period 375.00
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement legal and reporting services	Transaction ID : SB17.4526
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	494.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Law Office of James C Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address 4131 N MULberry Drive Suite 200		Amount of Each Disbursement this Period 1175.00 <b>Transaction ID : SB17.4529</b>
City Kansas City State MO Zip Code 64116	Purpose of Disbursement legal and reporting services	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Law Office of James C Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 4131 N MULberry Drive Suite 200		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : SB17.4535</b>
City Kansas City State MO Zip Code 64116	Purpose of Disbursement legal and reporting services	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Law Office of James C Thomas III</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 4131 N MULberry Drive Suite 200		Amount of Each Disbursement this Period 1627.30 <b>Transaction ID : SB17.4566</b>
City Kansas City State MO Zip Code 64116	Purpose of Disbursement legal and reporting services	
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3227.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Kathryn Sreenan</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address P O Box 32776		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.4537</b>
City Palm Beach Garden	State FL	
Purpose of Disbursement reimbursement for expenses	Candidate Name	Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>B. Kathryn Sreenan</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address P O Box 32776		Amount of Each Disbursement this Period 222.16 <b>Transaction ID : SB17.4565</b>
City Palm Beach Garden	State FL	
Purpose of Disbursement Reimbursement for expenses	Candidate Name	Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>c. The Prosper Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014
Mailing Address 435 E Main St Suite 250		Amount of Each Disbursement this Period 82.50 <b>Transaction ID : SB17.4525</b>
City Greenwood	State IN	
Purpose of Disbursement Updating website	Candidate Name	Category/ Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	304.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. The Prosper Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 435 E Main St Suite 250		Amount of Each Disbursement this Period 192.50
City Greenwood	State IN Zip Code 46153	
Purpose of Disbursement Post launch web design	Category/Type	Transaction ID : SB17.4530
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Prosper Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 435 E Main St Suite 250		Amount of Each Disbursement this Period 412.50
City Greenwood	State IN Zip Code 46153	
Purpose of Disbursement Post launch content management updates	Category/Type	Transaction ID : SB17.4536
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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Simmons Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2014
Mailing Address 3291 Riverpark Ct		Amount of Each Disbursement this Period 1750.00
City Bonita Springs	State FL Zip Code 34134	
Purpose of Disbursement Fundraising Services	Category/Type	Transaction ID : SB17.4524
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)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2355.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

**A. Transaxt, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 190 Monroe Ave NW  
Suite 500

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2014

Amount of Each Disbursement this Period: 11.24

Transaction ID : SB17.4582

**B. Transaxt, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 190 Monroe Ave NW  
Suite 500

City Grand Rapids State MI Zip Code 49503

Purpose of Disbursement Credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 01 / 30 / 2014

Amount of Each Disbursement this Period: 31.04

Transaction ID : SB17.4528

**c. Video Productions by Rick Paladino**

Full Name (Last, First, Middle Initial)  
Mailing Address 382 Prestwick Circle  
Apt 2

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement video production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 03 / 28 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4583

**SUBTOTAL** of Disbursements This Page (optional) ..... 542.28

**TOTAL** This Period (last page this line number only) ..... 11164.46

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ellen Andel</b>	Nature of Debt (Purpose): Traveling expenses to Washington DC
Mailing Address P O Box 32776	
City State Zip Code Palm Beach Gardens FL 33420	

Outstanding Balance Beginning This Period <input type="text" value="1710.66"/>	<b>Transaction ID : SD10.4369</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1710.66"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ellen Andel</b>	Nature of Debt (Purpose): Expenses incurred for a trip to Washington and fundraising
Mailing Address P O Box 32776	
City State Zip Code Palm Beach Gardens FL 33420	

Outstanding Balance Beginning This Period <input type="text" value="2464.76"/>	<b>Transaction ID : SD10.4513</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2464.76"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ellen Andel</b>	Nature of Debt (Purpose): Expenses for fundraiser
Mailing Address P O Box 32776	
City State Zip Code Palm Beach Gardens FL 33420	

Outstanding Balance Beginning This Period <input type="text" value="65.00"/>	<b>Transaction ID : SD10.4521</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="65.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Axiom Strategies LLC</b>	Nature of Debt (Purpose): Custom Website, web site hosting, campaign support, services
Mailing Address 1251 NW Briarcliff Pkwy Suite 85	
City State Zip Code Kansas City MO 64116	

Outstanding Balance Beginning This Period 35.00	<b>Transaction ID : SD10.4227</b>	
Amount Incurred This Period 0.00	Payment This Period 35.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kathryn Sreenan</b>	Nature of Debt (Purpose): Items for a fundraiser
Mailing Address P O Box 32776	
City State Zip Code Palm Beach Garden FL 33420	

Outstanding Balance Beginning This Period 222.16	<b>Transaction ID : SD10.4514</b>	
Amount Incurred This Period 0.00	Payment This Period 222.16	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00