

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))....	13075.00	45522.47
(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)).....	13075.00	45022.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25254.83	39495.42
(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)).....	25254.83	39495.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	5537.54	
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).....	4497.58	

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).....	11200.00	36937.47
(ii) Unitemized.....	1875.00	8585.00
(iii) TOTAL of contributions from individuals ▶	13075.00	45522.47
(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))..	13075.00	45522.47
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)..... ▶	13075.00	45532.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25254.83	39495.42
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	25254.83	39995.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17717.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13075.00
25. SUBTOTAL (add Line 23 and Line 24).....	30792.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25254.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5537.54

**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"/> 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)
Larry Adams

Mailing Address 9961 SW Ppapaya Tree Ct

City Port St Lucie State FL Zip Code 34987

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 **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Steven Alembik

Mailing Address 901 NW 7th

City Boca Raton State FL Zip Code 33486

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

Name of Employer Occupation CEO

SMA Communications

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
 11 / 10 / 2013

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
1500.00

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

Mailing Address 3869 W Gulf Dr

City Sanibel State FL Zip Code 33957

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
250.00

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

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

2250.00

**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)
Andel for Congress

A. Full Name (Last, First, Middle Initial)
Robert Camerlinck

Mailing Address 361 W Riverside Dr

City State Zip Code
Tequesta FL 33469

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

Name of Employer Occupation
Self-employed Dentist

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
11 / 10 / 2013

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles Johnson

Mailing Address 706 Ocean Drive

City State Zip Code
Juno Beach FL 33408

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

Name of Employer Occupation
Ventex Tech Chairman

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 / 25 / 2013

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
500.00

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

Mailing Address 2477 Periwinkle Way

City State Zip Code
Sanibel FL 33957

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
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period
250.00

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

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

1750.00

**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)
Andel for Congress

A. Full Name (Last, First, Middle Initial)
Paul Kleinfeld

Mailing Address 4004 SE Old St Lucie Blvd

City State Zip Code
Stuart FL 34996

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

Name of Employer Occupation
First Florida Builder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael Mett

Mailing Address 4166 Gator Trace Villas Cir

City State Zip Code
Ft Pierce FL 34982

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
575.47

Date of Receipt
M M / D D / Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11AI.4456

Amount of Each Receipt this Period
100.00

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

Mailing Address 8246 Man O War Rd

City State Zip Code
Palm Beach Gardens FL 33418

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

Name of Employer Occupation
Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period
500.00

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 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)
Andel for Congress

A. Full Name (Last, First, Middle Initial)
Joseph O'Neill

Mailing Address 12071 Captains Landing

City N Palm Beach State FL Zip Code 33408

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

Name of Employer Otter Credit Management Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Mary Stechschulte

Mailing Address 13926 Greentree Trail

City Wellington State FL Zip Code 33414

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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00327189

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 / 02 / 2013

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period
2500.00

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

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

5100.00

**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 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)
Andel for Congress

A. Full Name (Last, First, Middle Initial)
June White

Mailing Address **P O Box 925**

City **Indiantown** State **FL** Zip Code

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

Name of Employer Occupation
Rancher

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 / 18 / 2013

Transaction ID : SA11Al.4486

Amount of Each Receipt this Period
1000.00

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).....

1000.00

11200.00

**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 10 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)
Andel for Congress

Full Name (Last, First, Middle Initial) A. Axiom Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		Amount of Each Disbursement this Period 8513.59
City Kansas City State MO Zip Code 64116	Purpose of Disbursement 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)		Transaction ID : SB17.4509
State: District:		

Full Name (Last, First, Middle Initial) B. Axiom Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		Amount of Each Disbursement this Period 2500.00
City Kansas City State MO Zip Code 64116	Purpose of Disbursement 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)		Transaction ID : SB17.4517
State: District:		

Full Name (Last, First, Middle Initial) c. Axiom Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		Amount of Each Disbursement this Period 2500.00
City Kansas City State MO Zip Code 64116	Purpose of Disbursement 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 : SB17.4520
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13513.59
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 11 OF 19			
	<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)
Andel for Congress

Full Name (Last, First, Middle Initial) A. Axiom Strategies LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		Amount of Each Disbursement this Period 2500.00
City Kansas City	State MO	
Zip Code 64116	Purpose of Disbursement	Transaction ID : SB17.4518
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. Blue Ocean Press		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 6299 NW 27th Way		Amount of Each Disbursement this Period 2056.00
City Ft Lauderdale	State FL	
Zip Code 33309	Purpose of Disbursement Business cards and Invitations	Transaction ID : SB17.4503
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) c. Candidate Command, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 1831 NW Vivion Rd		Amount of Each Disbursement this Period 250.00
City Riverside	State MO	
Zip Code 64150	Purpose of Disbursement	Transaction ID : SB17.4515
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).....	4806.00
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 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)
Andel for Congress

Full Name (Last, First, Middle Initial) A. Law Office of James C Thomas III		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 4131 N MULberry Drive Suite 200		Amount of Each Disbursement this Period 300.00
City Kansas City State MO Zip Code 64116	Category/Type	
Purpose of Disbursement legal and reporting services	Candidate Name	Transaction ID : SB17.4507
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. Law Office of James C Thomas III		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 4131 N MULberry Drive Suite 200		Amount of Each Disbursement this Period 1075.00
City Kansas City State MO Zip Code 64116	Category/Type	
Purpose of Disbursement legal and reporting services	Candidate Name	Transaction ID : SB17.4501
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) c. Law Office of James C Thomas III		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 4131 N MULberry Drive Suite 200		Amount of Each Disbursement this Period 525.00
City Kansas City State MO Zip Code 64116	Category/Type	
Purpose of Disbursement Legal and reporting services	Candidate Name	Transaction ID : SB17.4504
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:		

SUBTOTAL of Disbursements This Page (optional).....	1900.00
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 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)
Andel for Congress

A. The Prosper Group

Full Name (Last, First, Middle Initial)

Mailing Address 435 E Main St
Suite 250

City Greenwood State IN Zip Code 46153

Purpose of Disbursement Website Hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2013

Amount of Each Disbursement this Period: 460.00

Transaction ID : SB17.4497

B. The Prosper Group

Full Name (Last, First, Middle Initial)

Mailing Address 435 E Main St
Suite 250

City Greenwood State IN Zip Code 46153

Purpose of Disbursement web hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2013

Amount of Each Disbursement this Period: 275.00

Transaction ID : SB17.4510

c. The Prosper Group

Full Name (Last, First, Middle Initial)

Mailing Address 435 E Main St
Suite 250

City Greenwood State IN Zip Code 46153

Purpose of Disbursement Website hosting

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2013

Amount of Each Disbursement this Period: 105.00

Transaction ID : SB17.4511

SUBTOTAL of Disbursements This Page (optional) 840.00

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 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)
Andel for Congress

Full Name (Last, First, Middle Initial) A. The Simmons Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address 3291 Riverpark Ct		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.4492
City Bonita Springs	State FL	
Zip Code 34134	Purpose of Disbursement Fundraising services for the month of August	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)	State: District:	

Full Name (Last, First, Middle Initial) B. The Simmons Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 3291 Riverpark Ct		Amount of Each Disbursement this Period 1750.00 Transaction ID : SB17.4500
City Bonita Springs	State FL	
Zip Code 34134	Purpose of Disbursement Fundraising services for September	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Transaxt, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 190 Monroe Ave NW Suite 500		Amount of Each Disbursement this Period 218.24 Transaction ID : SB17.4498
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement Credit card fee	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4168.24
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)
Andel for Congress

Full Name (Last, First, Middle Initial) A. Transaxt, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 190 Monroe Ave NW Suite 500		Amount of Each Disbursement this Period 22.50
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit card fee	Candidate Name	Transaction ID : SB17.4505
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. Transaxt, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2013
Mailing Address 190 Monroe Ave NW Suite 500		Amount of Each Disbursement this Period 4.50
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit card fee	Candidate Name	Transaction ID : SB17.4506
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.		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	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	27.00
TOTAL This Period (last page this line number only).....	25254.83

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ellen Andel		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="0.00"/>	Transaction ID : SD10.4513	
Amount Incurred This Period <input type="text" value="2464.76"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2464.76"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ellen Andel		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="0.00"/>	Transaction ID : SD10.4521	
Amount Incurred This Period <input type="text" value="65.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="4240.42"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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 Axiom Strategies LLC		Nature of Debt (Purpose): Campaign support services
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		
City State	Zip Code	
Kansas City	MO 64116	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4229	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies LLC		Nature of Debt (Purpose): Campaign support services
Mailing Address 1251 NW Briarcliff Pkwy Suite 85		
City State	Zip Code	
Kansas City	MO 64116	

Outstanding Balance Beginning This Period	Transaction ID : SD10.4230	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies LLC		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	Transaction ID : SD10.4227	
<input type="text" value="8548.59"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="8513.59"/>	<input type="text" value="35.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="35.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Andel for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Axiom Strategies LLC

Nature of Debt (Purpose):
Strategy for campaign

Mailing Address 1251 NW Briarcliff Pkwy
Suite 85

City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period
2500.00

Transaction ID : SD10.4370

Amount Incurred This Period 0.00 Payment This Period 2500.00 Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Candidate Command, LLC

Nature of Debt (Purpose):
Logo and Business Card Design

Mailing Address 1831 NW Vivion Rd

City State Zip Code
Riverside MO 64150

Outstanding Balance Beginning This Period
250.00

Transaction ID : SD10.4221

Amount Incurred This Period 0.00 Payment This Period 250.00 Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Law Office of James C Thomas III

Nature of Debt (Purpose):
legal fees for September

Mailing Address 4131 N Mulberry Drive
Suite 200

City State Zip Code
Kansas City MO 64116

Outstanding Balance Beginning This Period
300.00

Transaction ID : SD10.4371

Amount Incurred This Period 0.00 Payment This Period 300.00 Outstanding Balance at Close of This Period 0.00

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

0.00

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 Kathryn Sreenan	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 0.00	Transaction ID : SD10.4514	
Amount Incurred This Period 222.16	Payment This Period 0.00	Outstanding Balance at Close of This Period 222.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Prosper Group	Nature of Debt (Purpose): Web Services
Mailing Address 435 E Main St Suite 250	
City State Zip Code Greenwood IN 46153	

Outstanding Balance Beginning This Period 275.00	Transaction ID : SD10.4406	
Amount Incurred This Period 0.00	Payment This Period 275.00	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) SUBTOTALS This Period This Page (optional)	222.16
2) TOTALS This Period (last page this line number only)	4497.58
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4497.58