

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 3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
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 11 / 04 / 2014 in the State of NC
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 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 10 / 22 / 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.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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)).... | 5615.00 | 17222.96 |
| (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))..... | 5615.00 | 17222.96 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 1368.35 | 8018.54 |
| (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))..... | 1368.35 | 8018.54 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 9234.01 | |
| 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)..... | 4320.00 | 9897.00 |
| (ii) Unitemized..... | 1295.00 | 6235.96 |
| (iii) TOTAL of contributions from individuals ▶ | 5615.00 | 16132.96 |
| (b) Political Party Committees..... | 0.00 | 100.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 225.00 |
| (d) The Candidate..... | 0.00 | 765.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 5615.00 | 17222.96 |
| 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.)..... | 0.00 | 138.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 5615.00 | 17360.96 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 1368.35 | 8018.54 |
| 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 | 0.00 | 108.41 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 1368.35 | 8126.95 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 4987.36 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 5615.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 10602.36 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 1368.35 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 9234.01 |

**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 9 |
| | <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)
Ms LISA BENSON

Mailing Address 805 ALMADIN

City SAN ANTONIO State TX Zip Code 78258

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period
500.00

PERSONAL CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Ms SUSAN G. FETZER

Mailing Address 300 HEDRICK ST.

City BEAUFORT State NC Zip Code 28516

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

Name of Employer SELF Occupation CLINICAL DIETITION

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 / 11 / 2014

Transaction ID : SA11AI.4541

Amount of Each Receipt this Period
250.00

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
470.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period
70.00

PERSONAL CAMPAIGN CONTRIBUTION

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

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

820.00

**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 9 |
| | <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 | |

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

A. Full Name (Last, First, Middle Initial)
Mrs. RUTH K. LEVIN

Mailing Address 6004 GONDOLIER DRIVE

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2014

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period
500.00

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.4560

Amount of Each Receipt this Period
1000.00

PERSONAL CAMPAIGN CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Dr. ROSHAN MORBIA

Mailing Address 232 NORTH KINGSHIGHWAY BLVD
UNIT 1210

City ST LOUIS State MO Zip Code 63108

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

Name of Employer ST. LOUIS UNIVERSITY Occupation PHYSICIAN/SURGEON

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014

Transaction ID : SA11AI.4528

Amount of Each Receipt this Period
1000.00

PERSONAL CAMPAIGN CONTRIBUTION

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

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

2500.00

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

| | | |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 9 |
| | <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)
Mrs. NADINE STODDARD

Mailing Address 263 WHALEY LANE

City: NEWPORT State: NC Zip Code: 28570

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 06 / 2014

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period: 500.00

PERSONAL CAMPAIGN CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Mrs. NADINE STODDARD

Mailing Address 263 WHALEY LANE

City: NEWPORT State: NC Zip Code: 28570

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: 1000.00

Date of Receipt: 10 / 11 / 2014

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period: 500.00

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

Amount of Each Receipt this Period

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

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

1000.00

4320.00

**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 8 OF 9 | |
| | <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. NEW FRAME LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014 |
| Mailing Address 114 SOUTHWOLD DRIVE | | Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4468 |
| City CARY | State NC | |
| Zip Code 27519 | Purpose of Disbursement VIDEO PRODUCTION SERVICES | Category/ Type 004 |
| 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. PROMISE PLACE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014 |
| Mailing Address 1401 PARK AVENUE | | Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4524 |
| City NEW BERN | State NC | |
| Zip Code 28560 | Purpose of Disbursement SALUTE TO WOMEN IN MILITARY EVENT | Category/ Type 007 |
| 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 10 / 02 / 2014 |
| Mailing Address 267 WESTERN BLVD | | Amount of Each Disbursement this Period 27.31 Transaction ID : SB17.4473 |
| City JACKSONVILLE | State NC | |
| Zip Code 28540 | Purpose of Disbursement GAS-JAX-NEWBERN-WILMINGTON-JAX | Category/ Type 002 |
| 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)..... | 627.31 |
| 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 9 OF 9 | |
| | <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 10 / 04 / 2014 |
| Mailing Address 267 WESTERN BLVD | | Amount of Each Disbursement this Period 52.34 |
| City JACKSONVILLE State NC Zip Code 28540 | Purpose of Disbursement GAS-JAX-ELIZABETH CITY-JAX | Transaction ID : SB17.4513 |
| Candidate Name Marshall Adame for Congress Committee | Category/Type 002 | |
| 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 10 / 06 / 2014 |
| Mailing Address 267 WESTERN BLVD | | Amount of Each Disbursement this Period 42.68 |
| City JACKSONVILLE State NC Zip Code 28540 | Purpose of Disbursement GAS-JAX-GREENVILLE-JAX-NEWBERN-JAX | Transaction ID : SB17.4512 |
| Candidate Name Marshall Adame for Congress Committee | Category/Type 002 | |
| 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. | | 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 | 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)..... | 95.02 |
| TOTAL This Period (last page this line number only)..... | 722.33 |