

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Marlin Stutzman for Congress

ADDRESS (number and street) ▼

PO Box 129

Check if different than previously reported. (ACC)

Howe

IN

46746

2. **FEC IDENTIFICATION NUMBER** ▼

C C00484683

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

IN

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher M Marston

Signature of Treasurer Christopher M Marston

[Electronically Filed]

Date

/  /

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

**Marlin Stutzman for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	111987.00	117717.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	3807.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	111987.00	113909.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	157898.62	210422.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	70.00	70.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	157828.62	210352.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	423954.50	
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).....	8577.52	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Marlin Stutzman for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43552.00	46502.00
(ii) Unitemized.....	5810.00	6440.00
(iii) TOTAL of contributions from individuals ▶	49362.00	52942.00
(b) Political Party Committees.....	0.00	150.00
(c) Other Political Committees (such as PACs).....	62625.00	64625.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	111987.00	117717.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	70.00	70.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	112057.00	117787.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	157898.62	210422.70
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	3300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	507.50
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3807.50
21. OTHER DISBURSEMENTS .....	0.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	157898.62	214730.20

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	469796.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112057.00
25. SUBTOTAL (add Line 23 and Line 24).....	581853.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157898.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	423954.50

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

The Committee is in receipt of the Request for Additional Information dated May 3, 2015. The request additional information on an Offset to Operating expenditures. The Offset was attributed to the wrong vendor. It should have been attributed to Campaign Financial Services. It is a refund of travel expenditures paid to the company on 11/10/2014. We have fixed this error in the attached amendment.

Form/Schedule:  
Transaction ID:

**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 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES DONALD AMSTUTZ**

Mailing Address 5221 WOOD MANOR RUN

City State Zip Code  
FORT WAYNE IN 46835-8832

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

Name of Employer Occupation  
JMA INC. CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 07 / 2015

**Transaction ID : SA11.6127**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 901 PARK DR.

City State Zip Code  
OSSIAN IN 46777-9614

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

Name of Employer Occupation  
BARKLEY BUILDERS, INC. CONSTRUCTION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : SA11.6267**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID JAYE BORGEN**

Mailing Address 1325 OLD LANTERN TRAIL

City State Zip Code  
FORT WAYNE IN 46845-1446

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

Name of Employer Occupation  
MANPOWER OF LANSING, MI INC OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2015

**Transaction ID : SA11.6273**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 74
	<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)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GEARY MICHAEL BUCHANAN**

Mailing Address **6428 BRUSH COLLEGE**

City **NEW HAVEN** State **IN** Zip Code **46774-9725**

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

Name of Employer **BUCHANAN HAULING & RIGGING, INC** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 11 / 2015**

**Transaction ID : SA11.6221**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. TOBIAS W. BUCK**

Mailing Address **2372 W WILDWOOD TRAIL**

City **WARSAW** State **IN** Zip Code **46580-8184**

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

Name of Employer **PARAGON MEDICAL** Occupation **CEO, PRESIDENT & CHAIRMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : SA11.6257**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. NICK A. BUSCHE**

Mailing Address **1515 E SR8  
P.O. BOX 77**

City **ALBION** State **IN** Zip Code **46701-9702**

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

Name of Employer **SELF** Occupation **BUSINESS OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 25 / 2015**

**Transaction ID : SA11.6193**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 8 OF 74
	<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)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS C. CHRONISTER**

Mailing Address 440 KERR ISLAND N

City ROME CITY State IN Zip Code 46784-9675

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

Name of Employer CHRONISTER PHARMACY Occupation PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6313**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN N. CRAWFORD M.D.**

Mailing Address 2805 CHICHESTER LANE

City FORT WAYNE State IN Zip Code 46815-8548

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

Name of Employer RADIATION ONCOLOGY ASSOCIATES Occupation PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.6270**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1698 E 800 N

City RUSHVILLE State IN Zip Code 46173-8915

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.6237**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

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

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

2750.00

**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 74
	<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)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ERICA D. DEKKO**

Mailing Address 1210 E. LAKESIDE DR.

City: KENDALLVILLE State: IN Zip Code: 46755-2730

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: FINANCIAL PLANNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 24 / 2015

**Transaction ID : SA11.6367**

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN L. FERGUSON**

Mailing Address ATTN: SHARON ROGERS  
P.O. BOX 1608

City: BLOOMINGTON State: IN Zip Code: 47402-

FEC ID number of contributing federal political committee: C

Name of Employer: COOK GROUP Occupation: EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.6307**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 18006 BENT TREE COURT

City: AUBURN State: IN Zip Code: 46706-

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 04 / 2015

**Transaction ID : SA11.6209**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

4700.00

**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 74
	<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)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JUAN GARCIA**

Mailing Address 5200 ILLINOIS RD

City State Zip Code  
FT WAYNE IN 46804-1175

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

Name of Employer Occupation  
SUMMIT CITY SALES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : SA11.6256**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. NATHANIEL S. GOLM**

Mailing Address 12421 BURNING TREE RD

City State Zip Code  
FORT WAYNE IN 46845-6925

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

Name of Employer Occupation  
LEADERS STAFFING, LLC EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.6229**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. KAREN F. GREGERSON**

Mailing Address 127 WEST BERRY STREET

City State Zip Code  
FORT WAYNE IN 46802-2315

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

Name of Employer Occupation  
STAR FINANCIAL SENIOR VICE PRESIDENT/CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.6325**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

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

3300.00

**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 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. PAULA S. HUGHES**

Mailing Address 5717 REED RD  
5717 REED RD.

City State Zip Code  
FORT WAYNE IN 46835-3565

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

Name of Employer Occupation  
ALLEN COUNTY COUNCIL MEMBER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.6309**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. GABRIEL S. JOSEPH III**

Mailing Address 5417 BUGGY WHIP DR

City State Zip Code  
CENTREVILLE VA 20120-1684

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

Name of Employer Occupation  
SELF BUSINESSMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2015

**Transaction ID : SA11.6228**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 1 HUGHES CENTER DR.

City State Zip Code  
LAS VEGAS NV 89169-6705

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

Name of Employer Occupation  
COLLEGE LOAN CORPORATION BOARD MEMBER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2015

**Transaction ID : SA11.6131**

Amount of Each Receipt this Period  
5200.00  
CONTRIBUTION

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

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

8150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. CARY KATZ**

Mailing Address 1 HUGHES CENTER DR.

City LAS VEGAS State NV Zip Code 89169-6705

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

Name of Employer COLLEGE LOAN CORPORATION Occupation BOARD MEMBER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015

**Transaction ID : SA11.6131B**

Amount of Each Receipt this Period  
 -2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address 1 HUGHES CENTER DR.

City LAS VEGAS State NV Zip Code 89169-6705

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

Name of Employer COLLEGE LOAN CORPORATION Occupation BOARD MEMBER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2015

**Transaction ID : SA11.6291**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address 1210 E LAKESIDE DRIVE

City KENDALLVILLE State IN Zip Code 46755-2730

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

Name of Employer COBBLESTONE GOLF Occupation GM

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.6366**

Amount of Each Receipt this Period  
 1300.00

CONTRIBUTION

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

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

**1300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BYRON S. LAMM**

Mailing Address 830 MILL LAKE ROAD

City State Zip Code  
FORT WAYNE IN 46845-6400

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

Name of Employer Occupation  
PIN OAK GROUP LLC MANAGING PARTNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : SA11.6284**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS L. LAZOFF MD**

Mailing Address 3815 CANTWELL BLVD

City State Zip Code  
FORT WAYNE IN 46814-8707

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

Name of Employer Occupation  
PHYSICAL MEDICINE CONSULTANTS CO-OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.6330**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 9120 SEA VIEW COURT

City State Zip Code  
NEW HAVEN IN 46774-2756

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

Name of Employer Occupation  
GRABILL BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.6311**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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 14 OF 74
	<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)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DONALD P. MCARDLE**

Mailing Address 3530 ROSEWOOD DRIVE  
3530 ROSEWOOD DR.

City State Zip Code  
FORT WAYNE IN 46804-6114

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

Name of Employer Occupation  
MCARDLE REALTY & CONSULTING CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 04 / 2015

**Transaction ID : SA11.6202**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL J. MIRRO**

Mailing Address 2005 PRESTWICK LANE

City State Zip Code  
FORT WAYNE IN 46814-9317

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

Name of Employer Occupation  
FORT WAYNE CARDIOLOGY PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.6312**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 12515 CHAPELWOOD PL.

City State Zip Code  
FORT WAYNE IN 46845-6930

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

Name of Employer Occupation  
AALCO DISTRIBUTING COMPANY COO & TREASURER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11.6328**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSEPH G. PIERCE**

Mailing Address P.O. BOX 183

City LAGRANGE State IN Zip Code 46761-0183

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

Name of Employer FARMER STATE BANK Occupation BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : SA11.6192**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. J. SCOTT POUNDS**

Mailing Address 10490 W 375 N

City CROMWELL State IN Zip Code 46732-9516

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

Name of Employer LCI CONSTRUCTION INC Occupation OWNER AND PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6321**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS E. RAYL**

Mailing Address 7116 ROSEANN PKWY

City FORT WAYNE State IN Zip Code 46804-2848

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

Name of Employer REAL ESTATE Occupation REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.6254**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 74
	<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)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAY RICKER**

Mailing Address 6320 W. FOSTER BRANCH DR.

City: PENDLETON State: IN Zip Code: 46064-8827

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

Name of Employer: RICKERS OIL Occupation: PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.6310**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 11708 TONKEL RD

City: FORT WAYNE State: IN Zip Code: 46845-9658

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

Name of Employer: RUNESTAD FINANCIAL SERVICE Occupation: FINANCIAL ADVISER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.6327**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT M. SHUGART**

Mailing Address 1434 TURNBERRY LANE

City: FORT WAYNE State: IN Zip Code: 46814-9016

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

Name of Employer: FORT WAYNE ORTHOPEDICS Occupation: SURGEON

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2700.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.6319**

Amount of Each Receipt this Period: 2700.00

CONTRIBUTION

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

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

4700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 74
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RALPH TRINE**

Mailing Address P.O. BOX 507

City ANGOLA State IN Zip Code 46703-0507

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

Name of Employer VESTIL MANUFACTURING CORP Occupation MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6304**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DONALD W. TROYER**

Mailing Address 7385 E 100 S

City LAGRANGE State IN Zip Code 46761-8967

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

Name of Employer DCE FARM LLC Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11.6188**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. TERRY L. TUCKER**

Mailing Address 1510 COUNTRY CLUB DR.  
1510 COUNTRY CLUB DR. E.

City WARSAW State IN Zip Code 46580-5013

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

Name of Employer MAPLE LEAF FARMS Occupation EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6302**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 74  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. STAN G. ZIHERL**

Mailing Address 12022 SYCAMORE LAKES CT.

City State Zip Code  
FORT WAYNE IN 46814-9019

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

Name of Employer Occupation  
FIVE STAR DISTRIBUTIONS PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6306**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address PO BOX 30844

City State Zip Code  
BETHESDA MD 20824

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : SA11A.2153**

Amount of Each Receipt this Period  
 2252.00  
 REFUND

**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).....

3252.00

43552.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

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

Mailing Address 6714 POINTE INVERNESS WAY 115A

City State Zip Code  
FORT WAYNE IN 46804-7935

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6322**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION (ACRE)**

Mailing Address 4301 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22203-1867

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.6222**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1120 CONNNECTICUT AVENUE NW  
STE 600

City State Zip Code  
WASHINGTON DC 20036-3971

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.6287**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

3150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL POLITICAL ACTION COMMITTEE**

Mailing Address 1111-14TH STREET NW, SUITE 1100

City WASHINGTON	State DC	Zip Code 20005-5627
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.6230**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL POLITICAL ACTION COMMITTEE**

Mailing Address 1111-14TH STREET NW, SUITE 1100

City WASHINGTON	State DC	Zip Code 20005-5627
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6305**

Amount of Each Receipt this Period  
 4000.00  
 CONTRIBUTION

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

Mailing Address 20 LEIGH FARM RD

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

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6295**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

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

Mailing Address 2600 VIRGINIA AVE NW  
STE 123

City WASHINGTON State DC Zip Code 20037-1905

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.6223**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL PAC**

Mailing Address 208 S. AKARD STREET, SUITE 2701

City DALLAS State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6315**

Amount of Each Receipt this Period  
 3000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BUNGE NORTH AMERICA INC PAC**

Mailing Address 25 MASSACHUSETTS NW STE 340

City WASHINGTON State DC Zip Code 20001-7404

FEC ID number of contributing federal political committee. **C** C00401687

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.6227**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : SA11.6177**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 618

City ALTON State IL Zip Code 62002-0618

FEC ID number of contributing federal political committee. **C C00103937**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : SA11.6146**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 1050 K STREET NW, SUITE 400

City WASHINGTON State DC Zip Code 20001-4448

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

**Transaction ID : SA11.6259**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FIRST AMERICAN FINANCIAL CORPORATION PAC**

Mailing Address 1 FIRST AMERICAN WAY

City State Zip Code  
SANTA ANA CA 92707-5913

FEC ID number of contributing federal political committee. **C** C00346726

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.6225**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS PAC**

Mailing Address 1615 L STREET NW SUITE 900

City State Zip Code  
WASHINGTON DC 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : SA11.6175**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS PAC**

Mailing Address 1615 L STREET NW SUITE 900

City State Zip Code  
WASHINGTON DC 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.6258**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 74  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC PAC (**  
 Mailing Address 412 FIRST STREET SE, SUITE 300  
 City State Zip Code  
 WASHINGTON DC 20003-1804  
 FEC ID number of contributing federal political committee. **C** C00022343  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.6288**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**  
 Mailing Address 1401 H STREET NW  
 STE 1200  
 City State Zip Code  
 WASHINGTON DC 20005-2110  
 FEC ID number of contributing federal political committee. **C** C00105981  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2015  
**Transaction ID : SA11.6155**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**  
 Mailing Address 600 14TH ST., NW STE. 800  
 City State Zip Code  
 WASHINGTON DC 20005-2099  
 FEC ID number of contributing federal political committee. **C** C00236489  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.6317**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

12500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

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

Mailing Address 1801 K ST NW

City WASHINGTON State DC Zip Code 20006-1302

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6296**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARSH & MCLENNAN COMPANIES INC PAC**

Mailing Address 1166 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036-2708

FEC ID number of contributing federal political committee. **C C00457234**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.6226**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MOR**

Mailing Address 1717 RHODE ISLAND AVE NW  
STE 400

City WASHINGTON State DC Zip Code 20036-3023

FEC ID number of contributing federal political committee. **C C00004812**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.6261**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS PAC**

Mailing Address 2901 TELESTAR CT.

City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6294**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF CONVENIENCE STORES PAC**

Mailing Address 1600 DUKE STREET SUITE 700

City Alexandria State VA Zip Code 22314-3421

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6308**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NELSON MULLINS RILEY & SCARBOROUGH FED. POLITICAL COMMITTEE**

Mailing Address P.O. BOX 11070

City Columbia State SC Zip Code 29211-1070

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11.6260**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NORTHWESTERN MUTUAL FEDERAL PAC**

Mailing Address 720 E. WISCONSIN AVE.

City	State	Zip Code
MILWAUKEE	WI	53202-4703

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11.6303**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 249 FIFTH AVE.

City	State	Zip Code
PITTSBURGH	PA	15222-2707

FEC ID number of contributing federal political committee. **C** C00035519

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.6272**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address 1301 K STREET NW SUITE 800-WEST

City	State	Zip Code
WASHINGTON	DC	20005-3317

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

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : SA11.6145**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RAYTHEON PAC**

Mailing Address 1100 WILSON BOULEVARD, SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.6271**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1875 EXPLORER STREET SUITE 200

City RESTON State VA Zip Code 20190-6022

FEC ID number of contributing federal political committee. **C C00296822**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 08 / 2015

**Transaction ID : SA11.6138**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TIAA-CREF POLITICAL ACTION COMMITTEE**

Mailing Address 601 13TH ST NW  
STE 700 N

City WASHINGTON State DC Zip Code 20005-3807

FEC ID number of contributing federal political committee. **C C00431361**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.6224**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 74
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**U.S.-CUBA DEMOCRACY PAC**

Mailing Address P.O. BOX 22945

City State Zip Code  
HIALEAH FL 33002-2945

FEC ID number of contributing federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.6289**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

Mailing Address PO BOX 2713

City State Zip Code  
ALEXANDRIA VA 22301-0713

FEC ID number of contributing federal political committee. **C** C00484535

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2015

**Transaction ID : SA11.6199**

Amount of Each Receipt this Period  
 475.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

5475.00

62625.00

**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 30 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS LAURITSEN</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015	
Mailing Address 1311 RANGELY PASS			Amount of Each Disbursement this Period 2083.34	
City FORT WAYNE	State IN	Zip Code 46845	Transaction ID : SB17.I2064	
Purpose of Disbursement GRASSROOTS CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. NICHOLAS LAURITSEN</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015	
Mailing Address 1311 RANGELY PASS			Amount of Each Disbursement this Period 2083.34	
City FORT WAYNE	State IN	Zip Code 46845	Transaction ID : SB17.I2065	
Purpose of Disbursement GRASSROOTS CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. NICHOLAS LAURITSEN</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015	
Mailing Address 1311 RANGELY PASS			Amount of Each Disbursement this Period 2083.34	
City FORT WAYNE	State IN	Zip Code 46845	Transaction ID : SB17.I2066	
Purpose of Disbursement GRASSROOTS CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6250.02
<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 31 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. NICHOLAS LAURITSEN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2015</b>
Mailing Address <b>1311 RANGELY PASS</b>		Amount of Each Disbursement this Period <b>99.47</b>
City <b>FORT WAYNE</b>	State <b>IN</b>	
Zip Code <b>46845</b>	Purpose of Disbursement <b>MILEAGE REIMBURSEMENT</b>	<b>Transaction ID : SB17.I2067</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2015</b>
Mailing Address <b>1670 W 600 N</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>HOWE</b>	State <b>IN</b>	
Zip Code <b>46746</b>	Purpose of Disbursement <b>GRASSROOTS CONSULTING</b>	<b>Transaction ID : SB17.I2079</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 02 / 2015</b>
Mailing Address <b>1670 W 600 N</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>HOWE</b>	State <b>IN</b>	
Zip Code <b>46746</b>	Purpose of Disbursement <b>GRASSROOTS CONSULTING</b>	<b>Transaction ID : SB17.I2080</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1099.47</b>
<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 32 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 1670 W 600 N		Amount of Each Disbursement this Period 18.00
City HOWE	State IN	
Zip Code 46746	Purpose of Disbursement REIMBURSEMENT (GAS)	Transaction ID : SB17.I2081
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address ONE SHELL PLAZA		Amount of Each Disbursement this Period 18.00
City HOUSTON	State TX	
Zip Code 77002	Purpose of Disbursement GAS	Transaction ID : SB17.I2152
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)	[MEMO ITEM] PRISOCK 2/11
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 1670 W 600 N		Amount of Each Disbursement this Period 18.00
City HOWE	State IN	
Zip Code 46746	Purpose of Disbursement REIMBURSEMENT (MIKE'S CAR WASH - BELOW ITEMIZATION THRESHOLD)	Transaction ID : SB17.I2082
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	36.00
<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: PAGE 33 OF 74  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial)  
**A. BRYAN PRISOCK**

Mailing Address 1670 W 600 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement REIMBURSEMENT (GAS BP)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 24 / 2015

Amount of Each Disbursement this Period  
30.00

Transaction ID : SB17.I2083

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

Mailing Address 950 CORPORATE OFFICE DR

City MILFORD State MI Zip Code 48381

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 23 / 2015

Amount of Each Disbursement this Period  
30.00

Transaction ID : SB17.I2145

[MEMO ITEM]  
PRISOCK 2/24

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

Mailing Address 1670 W 600 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement GRASSROOTS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 02 / 2015

Amount of Each Disbursement this Period  
500.00

Transaction ID : SB17.I2084

**SUBTOTAL** of Disbursements This Page (optional) ..... 530.00

**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 34 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 1670 W 600 N		Amount of Each Disbursement this Period 10.00 <b>Transaction ID : SB17.I2085</b>
City HOWE	State IN	
Zip Code 46746	Purpose of Disbursement REIMBURSEMENT (KROGER GAS - BELOW ITEMIZATION THRESHOLD)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 1670 W 600 N		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.I2086</b>
City HOWE	State IN	
Zip Code 46746	Purpose of Disbursement REIMBURSEMENT (BP GAS)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. BP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 950 CORPORATE OFFICE DR		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : SB17.I2147</b>
City MILFORD	State MI	
Zip Code 48381	Purpose of Disbursement GAS	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.00
<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 35 OF 74		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 1670 W 600 N		Amount of Each Disbursement this Period 19.00 <b>Transaction ID : SB17.I2087</b>
City HOWE	State IN	
Zip Code 46746	Purpose of Disbursement REIMBURSEMENT (MIKE'S CAR WASH - BELOW ITEMIZATION THRESHOLD)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. BRYAN PRISOCK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1670 W 600 N		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : SB17.I2088</b>
City HOWE	State IN	
Zip Code 46746	Purpose of Disbursement REIMBURSEMENT (LASSUS GAS - BELOW ITEMIZATION THRESHOLD)	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AES DEVELOPMENT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 10159 OUTRIGGER LANE		Amount of Each Disbursement this Period 1930.00 <b>Transaction ID : SB17.I1967</b>
City FISHERS	State IN	
Zip Code 46037	Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1974.00
<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 36 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. AES DEVELOPMENT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 29 / 2015</b>
Mailing Address <b>10159 OUTRIGGER LANE</b>		Amount of Each Disbursement this Period <b>1930.00</b> <b>Transaction ID : SB17.I1968</b>
City <b>FISHERS</b> State <b>IN</b> Zip Code <b>46037</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AES DEVELOPMENT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>10159 OUTRIGGER LANE</b>		Amount of Each Disbursement this Period <b>1930.00</b> <b>Transaction ID : SB17.I1969</b>
City <b>FISHERS</b> State <b>IN</b> Zip Code <b>46037</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AES DEVELOPMENT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 26 / 2015</b>
Mailing Address <b>10159 OUTRIGGER LANE</b>		Amount of Each Disbursement this Period <b>1930.00</b> <b>Transaction ID : SB17.I1970</b>
City <b>FISHERS</b> State <b>IN</b> Zip Code <b>46037</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5790.00</b>
<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 37 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. AES DEVELOPMENT, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>10159 OUTRIGGER LANE</b>		Amount of Each Disbursement this Period <b>1930.00</b>
City <b>FISHERS</b>	State <b>IN</b>	
Zip Code <b>46037</b>	Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>	<b>Transaction ID : SB17.I1971</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AG APPAREL &amp; SCREEN PRINTING, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2015</b>
Mailing Address <b>5515 PLANEVIEW DR</b>		Amount of Each Disbursement this Period <b>201.16</b>
City <b>FORT WAYNE</b>	State <b>IN</b>	
Zip Code <b>46825</b>	Purpose of Disbursement <b>PRINTING</b>	<b>Transaction ID : SB17.I1972</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ALLY FINANCIAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 07 / 2015</b>
Mailing Address <b>P.O. BOX 380901</b>		Amount of Each Disbursement this Period <b>1255.13</b>
City <b>BLOOMINGTON</b>	State <b>MN</b>	
Zip Code <b>55438</b>	Purpose of Disbursement <b>LEASE PAYMENT</b>	<b>Transaction ID : SB17.I1973</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3386.29</b>
<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 38 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. ALLY FINANCIAL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address P.O. BOX 380901		Amount of Each Disbursement this Period 1255.13 <b>Transaction ID : SB17.I1974</b>
City BLOOMINGTON	State MN	
Zip Code 55438	Purpose of Disbursement LEASE PAYMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ALLY FINANCIAL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address P.O. BOX 380901		Amount of Each Disbursement this Period 1255.13 <b>Transaction ID : SB17.I1975</b>
City BLOOMINGTON	State MN	
Zip Code 55438	Purpose of Disbursement LEASE PAYMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 23.95 <b>Transaction ID : SB17.I1977</b>
City DFW AIRPORT	State TX	
Zip Code 75261	Purpose of Disbursement AIRLINE FEE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2534.21
<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 39 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 23.95 <b>Transaction ID : SB17.I1978</b>
City DFW AIRPORT	State TX Zip Code 75261	
Purpose of Disbursement AIRLINE FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 23.95 <b>Transaction ID : SB17.I1979</b>
City DFW AIRPORT	State TX Zip Code 75261	
Purpose of Disbursement AIRLINE FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 23.95 <b>Transaction ID : SB17.I1980</b>
City DFW AIRPORT	State TX Zip Code 75261	
Purpose of Disbursement AIRLINE FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71.85
<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 40 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.I1981</b>
City DFW AIRPORT	State TX Zip Code 75261	
Purpose of Disbursement AIRLINE FEE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address P.O. BOX 619616		Amount of Each Disbursement this Period 408.10 <b>Transaction ID : SB17.I1982</b>
City DFW AIRPORT	State TX Zip Code 75261	
Purpose of Disbursement AIRLINE TICKET	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BILL.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 51.27 <b>Transaction ID : SB17.I1987</b>
City PALO ALTO	State CA Zip Code 94306	
Purpose of Disbursement ACCOUNTS PAYABLE SERVICES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	494.37
<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 41 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. BILL.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 57.90
City PALO ALTO	State CA	
Zip Code 94306	Purpose of Disbursement ACCOUNTS PAYABLE SERVICES	<b>Transaction ID : SB17.I1988</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BILL.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 3200 ASH STREET		Amount of Each Disbursement this Period 55.01
City PALO ALTO	State CA	
Zip Code 94306	Purpose of Disbursement ACCOUNTS PAYABLE SERVICES	<b>Transaction ID : SB17.I1989</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 950 CORPORATE OFFICE DR		Amount of Each Disbursement this Period 47.00
City MILFORD	State MI	
Zip Code 48381	Purpose of Disbursement GAS	<b>Transaction ID : SB17.I1991</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.91
<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 42 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD & BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 20 / 2015

Amount of Each Disbursement this Period  
18.00

Transaction ID : SB17.I1993

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD & BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 28 / 2015

Amount of Each Disbursement this Period  
242.13

Transaction ID : SB17.I1994

**C. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FOOD & BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 23 / 2015

Amount of Each Disbursement this Period  
1767.54

Transaction ID : SB17.I1995

**SUBTOTAL** of Disbursements This Page (optional)..... 2027.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial)  
**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 18 / 2015

Amount of Each Disbursement this Period: 335.76

Transaction ID : SB17.I1996

Full Name (Last, First, Middle Initial)  
**B. CHICK-FIL-A**

Mailing Address 5200 BUFFINGTON RD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement FOOD & BEVERAGES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2015

Amount of Each Disbursement this Period: 574.75

Transaction ID : SB17.I1997

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

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2015

Amount of Each Disbursement this Period: 800.00

Transaction ID : SB17.I1998

**SUBTOTAL** of Disbursements This Page (optional) ..... 1710.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 74		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 17.67
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I1999
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 1.48
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I2000
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 255.05
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I2001
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	274.20
<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 45 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 5.15 <b>Transaction ID : SB17.I2002</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.I2003</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 15.34 <b>Transaction ID : SB17.I2004</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	820.49
<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 47 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.I2008</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement DATABASE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 49.25 <b>Transaction ID : SB17.I2009</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 70.15 <b>Transaction ID : SB17.I2010</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	919.40
<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 48 OF 74		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 92.83
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement CC PROCESSING	Transaction ID : SB17.I2011
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CONGRESSIONAL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 2001 NEW HAMPSHIRE AVE NW		Amount of Each Disbursement this Period 500.00
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement EVENT SPONSORSHIP	Transaction ID : SB17.I2012
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CONGRESSIONAL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 2001 NEW HAMPSHIRE AVE NW		Amount of Each Disbursement this Period 15.00
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement EVENT TICKETS	Transaction ID : SB17.I2013
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	607.83
<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 49 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

**A. CONSTANT CONTACT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 07 / 2015

Amount of Each Disbursement this Period  
110.00

Transaction ID : SB17.I2014

**B. CONSTANT CONTACT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
02 / 09 / 2015

Amount of Each Disbursement this Period  
110.00

Transaction ID : SB17.I2015

**C. CONSTANT CONTACT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 09 / 2015

Amount of Each Disbursement this Period  
110.00

Transaction ID : SB17.I2016

**SUBTOTAL** of Disbursements This Page (optional)..... 330.00

**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 50 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 529.60 <b>Transaction ID : SB17.I2020</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR LINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 529.60 <b>Transaction ID : SB17.I2021</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIR LINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 529.60 <b>Transaction ID : SB17.I2022</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1588.80
<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 51 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 529.60 <b>Transaction ID : SB17.I2023</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR LINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 261.20 <b>Transaction ID : SB17.I2024</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIR LINES INC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address P.O. BOX 20706		Amount of Each Disbursement this Period 152.60 <b>Transaction ID : SB17.I2025</b>
City ATLANTA State GA Zip Code 30320	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	943.40
<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 52 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015	
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 152.60	
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.I2026	
Purpose of Disbursement AIRFARE		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. DELTA AIR LINES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015	
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 102.60	
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.I2027	
Purpose of Disbursement AIRFARE		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. DELTA AIR LINES INC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015	
Mailing Address P.O. BOX 20706			Amount of Each Disbursement this Period 144.60	
City ATLANTA	State GA	Zip Code 30320	Transaction ID : SB17.I2028	
Purpose of Disbursement AIRFARE		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	399.80
<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 53 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. ELECTION CFO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>
Mailing Address <b>P.O. BOX 26141</b>		Amount of Each Disbursement this Period <b>2208.01</b> <b>Transaction ID : SB17.I2029</b>
City <b>ALEXANDRIA</b>	State <b>VA</b> Zip Code <b>22313</b>	
Purpose of Disbursement <b>COMPLIANCE CONSULTING; EXPENSES</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELECTION CFO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2015</b>
Mailing Address <b>P.O. BOX 26141</b>		Amount of Each Disbursement this Period <b>1202.99</b> <b>Transaction ID : SB17.I2030</b>
City <b>ALEXANDRIA</b>	State <b>VA</b> Zip Code <b>22313</b>	
Purpose of Disbursement <b>COMPLIANCE CONSULTING; EXPENSES</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 04 / 2015</b>
Mailing Address <b>499 S CAPITOL ST SW STE 420</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>Transaction ID : SB17.I2039</b>
City <b>WASHINGTON</b>	State <b>DC</b> Zip Code <b>20003</b>	
Purpose of Disbursement <b>FUNDRAISING CONSULTING</b>		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3511.00</b>
<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 54 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 844.90
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	Transaction ID : SB17.I2040
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 2672.21
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	Transaction ID : SB17.I2041
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 233.75
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES	Transaction ID : SB17.I2042
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3750.86
<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 55 OF 74		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 2050 CHENAULT DR		Amount of Each Disbursement this Period 538.51
City CARROLTON State TX Zip Code 75006	Purpose of Disbursement HOTEL ACCOMMODATIONS	
Candidate Name		Transaction ID : SB17.I2045
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 2050 CHENAULT DR		Amount of Each Disbursement this Period 50.81
City CARROLTON State TX Zip Code 75006	Purpose of Disbursement FOOD & BEVERAGES	
Candidate Name		Transaction ID : SB17.I2046
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HIPPENHAMMER COLLISION CENTER INC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 3935 N STATE ROAD 9		Amount of Each Disbursement this Period 500.00
City HOWE State IN Zip Code 46746	Purpose of Disbursement AUTO REPAIR	
Candidate Name		Transaction ID : SB17.I2047
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1089.32
<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 56 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial)  
**A. HOUSE MEMBERS DINING ROOM**

Mailing Address **US HOUSE OF REPRESENTATIVES**

City **WASHINGTON** State **DC** Zip Code **20515**

Purpose of Disbursement **FOOD & BEVERAGES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **01 / 23 / 2015**

Amount of Each Disbursement this Period: **44.80**

Transaction ID : **SB17.I2048**

Full Name (Last, First, Middle Initial)  
**B. HOUSE MEMBERS DINING ROOM**

Mailing Address **US HOUSE OF REPRESENTATIVES**

City **WASHINGTON** State **DC** Zip Code **20515**

Purpose of Disbursement **FOOD & BEVERAGES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **02 / 05 / 2015**

Amount of Each Disbursement this Period: **48.65**

Transaction ID : **SB17.I2049**

Full Name (Last, First, Middle Initial)  
**C. HOUSE MEMBERS DINING ROOM**

Mailing Address **US HOUSE OF REPRESENTATIVES**

City **WASHINGTON** State **DC** Zip Code **20515**

Purpose of Disbursement **FOOD & BEVERAGES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: **03 / 04 / 2015**

Amount of Each Disbursement this Period: **51.05**

Transaction ID : **SB17.I2050**

**SUBTOTAL** of Disbursements This Page (optional)..... **144.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. INDIANA BUREAU OF MOTOR VEHICLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 23 / 2015</b>
Mailing Address <b>100 N SENATE AVE</b>		Amount of Each Disbursement this Period <b>278.35</b> <b>Transaction ID : SB17.I2052</b>
City <b>INDIANAPOLIS</b>	State <b>IN</b>	
Zip Code <b>46204</b>	Purpose of Disbursement <b>VEHICLE REGISTRATION</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 09 / 2015</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>9.95</b> <b>Transaction ID : SB17.I2054</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>ACCOUNTING SOFTWARE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 20 / 2015</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>42.75</b> <b>Transaction ID : SB17.I2055</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>ACCOUNTING SOFTWARE</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>331.05</b>
<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 58 OF 74		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 09 / 2015</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>9.95</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>ACCOUNTING SOFTWARE</b>	<b>Transaction ID : SB17.I2056</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 20 / 2015</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>42.75</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>PROCESSING FEE</b>	<b>Transaction ID : SB17.I2057</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 09 / 2015</b>
Mailing Address <b>2632 MARINE WAY</b>		Amount of Each Disbursement this Period <b>9.95</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>	Purpose of Disbursement <b>ACCOUNTING SOFTWARE</b>	<b>Transaction ID : SB17.I2058</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>62.65</b>
<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 59 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. INTUIT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 2632 MARINE WAY		Amount of Each Disbursement this Period 42.75
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement PAYROLL PROCESSING	Category/Type	<b>Transaction ID : SB17.I2059</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LIMESTONE STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 12409 BREAN WAY		Amount of Each Disbursement this Period 2176.66
City FISHERS	State IN Zip Code 46037	
Purpose of Disbursement PRINTING AND POSTAGE	Category/Type	<b>Transaction ID : SB17.I2068</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MARATHON OIL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5555 SAN FELIPE ROAD		Amount of Each Disbursement this Period 48.02
City HOUSTON	State TX Zip Code 77056	
Purpose of Disbursement GAS	Category/Type	<b>Transaction ID : SB17.I2069</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2267.43
<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 60 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial)  
**A. MARATHON OIL**

Mailing Address 5555 SAN FELIPE ROAD

City HOUSTON State TX Zip Code 77056

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 09 / 2015

Amount of Each Disbursement this Period: 53.01

Transaction ID : SB17.I2070

Full Name (Last, First, Middle Initial)  
**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement DUES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 04 / 2015

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.I2076

Full Name (Last, First, Middle Initial)  
**C. NEW HAVEN PRINT & COPY**

Mailing Address 7531 INDIANA 930 EAST

City FORT WAYNE State IN Zip Code 46803

Purpose of Disbursement PRINTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 02 / 2015

Amount of Each Disbursement this Period: 2255.82

Transaction ID : SB17.I2077

**SUBTOTAL** of Disbursements This Page (optional) ..... 102308.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. RITZ CARLTON</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015		
Mailing Address 455 GRAND BAY DR.			Amount of Each Disbursement this Period 320.61		
City KEY BISCAYNE	State FL	Zip Code 33149	Transaction ID : SB17.I2092		
Purpose of Disbursement HOTEL ACCOMMODATIONS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. SHELL OIL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015		
Mailing Address ONE SHELL PLAZA			Amount of Each Disbursement this Period 45.00		
City HOUSTON	State TX	Zip Code 77002	Transaction ID : SB17.I2094		
Purpose of Disbursement GAS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. SHELL OIL</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015		
Mailing Address ONE SHELL PLAZA			Amount of Each Disbursement this Period 47.25		
City HOUSTON	State TX	Zip Code 77002	Transaction ID : SB17.I2150		
Purpose of Disbursement GAS		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	412.86
<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 62 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 01 / 02 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 45.48	
Candidate Name	Transaction ID : SB17.I2096	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 01 / 02 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement EMPLOYER TAX	Amount of Each Disbursement this Period 282.88	
Candidate Name	Transaction ID : SB17.I2097	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 01 / 21 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement TAX FORMS SERVICES	Amount of Each Disbursement this Period 186.00	
Candidate Name	Transaction ID : SB17.I2098	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	514.36
<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 63 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 02 / 02 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement EMPLOYER TAX	Amount of Each Disbursement this Period 282.87	
Candidate Name	Transaction ID : SB17.I2099	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 02 / 02 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 45.48	
Candidate Name	Transaction ID : SB17.I2100	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 03 / 02 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement EMPLOYER TAX	Amount of Each Disbursement this Period 282.88	
Candidate Name	Transaction ID : SB17.I2101	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	611.23
<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 64 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUREPAYROLL</b>		Date of Disbursement
Mailing Address 2350 RAVINE WAY STE 100		M M / D D / Y Y Y Y 03 / 02 / 2015
City GLENVIEW	State IL	Zip Code 60025
Purpose of Disbursement PAYROLL PROCESSING	Amount of Each Disbursement this Period 45.48	
Candidate Name	Transaction ID : SB17.I2102	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. THE LUGAR SERIES</b>		Date of Disbursement
Mailing Address 303 N. ALABAMA ST., SUITE 390		M M / D D / Y Y Y Y 02 / 26 / 2015
City INDIANAPOLIS	State IN	Zip Code 46204
Purpose of Disbursement EVENT SPONSORSHIP	Amount of Each Disbursement this Period 1000.00	
Candidate Name	Transaction ID : SB17.I2104	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. THE PROSPER GROUP</b>		Date of Disbursement
Mailing Address 435 E. MAIN STREET, SUITE 250		M M / D D / Y Y Y Y 02 / 04 / 2015
City GREENWOOD	State IN	Zip Code 46143
Purpose of Disbursement COMMUNICATIONS CONSULTING	Amount of Each Disbursement this Period 5000.00	
Candidate Name	Transaction ID : SB17.I2105	
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6045.48
<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 65 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 143.10 <b>Transaction ID : SB17.I2113</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 143.10 <b>Transaction ID : SB17.I2114</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 143.10 <b>Transaction ID : SB17.I2115</b>
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement AIRFARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	429.30
<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 66 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 484.10 <b>Transaction ID : SB17.I2116</b>
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AIRFARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 243.00 <b>Transaction ID : SB17.I2117</b>
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement AIRFARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period 98.00 <b>Transaction ID : SB17.I2118</b>
City WASHINGTON	State DC	
Zip Code 20024	Purpose of Disbursement POSTAGE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	484.10
<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 67 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. <b>USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		03		2015
M M	/	D D	/	Y Y Y Y									
02		03		2015									
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period											
City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement POSTAGE Candidate Name		<table border="1"> <tr> <td>0.41</td> </tr> </table> Transaction ID : SB17.I2119		0.41									
0.41													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. <b>USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		03		2015
M M	/	D D	/	Y Y Y Y									
02		03		2015									
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period											
City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement POSTAGE Candidate Name		<table border="1"> <tr> <td>48.59</td> </tr> </table> Transaction ID : SB17.I2120		48.59									
48.59													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. <b>USPS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>25</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		25		2015
M M	/	D D	/	Y Y Y Y									
02		25		2015									
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period											
City WASHINGTON State DC Zip Code 20024 Purpose of Disbursement POSTAGE Candidate Name		<table border="1"> <tr> <td>5.75</td> </tr> </table> Transaction ID : SB17.I2121		5.75									
5.75													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type											
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54.75
<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 68 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>19</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		19		2015
M M	/	D D	/	Y Y Y Y									
03		19		2015									
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20024</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20024	<table border="1"> <tr> <td>49.00</td> </tr> </table>		49.00			
City	State	Zip Code											
WASHINGTON	DC	20024											
49.00													
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I2122											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>23</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		23		2015
M M	/	D D	/	Y Y Y Y									
03		23		2015									
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20024</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20024	<table border="1"> <tr> <td>0.49</td> </tr> </table>		0.49			
City	State	Zip Code											
WASHINGTON	DC	20024											
0.49													
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I2123											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. USPS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		26		2015
M M	/	D D	/	Y Y Y Y									
03		26		2015									
Mailing Address 475 L'ENFANT PLAZA		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20024</td> </tr> </table>		City	State	Zip Code	WASHINGTON	DC	20024	<table border="1"> <tr> <td>0.70</td> </tr> </table>		0.70			
City	State	Zip Code											
WASHINGTON	DC	20024											
0.70													
Purpose of Disbursement POSTAGE		Transaction ID : SB17.I2124											
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:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.19
<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 69 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 761.14 <b>Transaction ID : SB17.I2125</b>
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 71.63 <b>Transaction ID : SB17.I2126</b>
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2015
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 385.46 <b>Transaction ID : SB17.I2127</b>
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1218.23
<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 70 OF 74			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 101.63 <b>Transaction ID : SB17.I2128</b>
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WIXPRESS LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address P.O. BOX 40190		Amount of Each Disbursement this Period 4.95 <b>Transaction ID : SB17.I2133</b>
City SAN FRANCISCO	State CA	
Zip Code 94140	Purpose of Disbursement WEBSITE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WIXPRESS LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address P.O. BOX 40190		Amount of Each Disbursement this Period 4.99 <b>Transaction ID : SB17.I2134</b>
City SAN FRANCISCO	State CA	
Zip Code 94140	Purpose of Disbursement WEBSITE SERVICES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	111.57
<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 71 OF 74			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. WIXPRESS LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address P.O. BOX 40190		Amount of Each Disbursement this Period 4.99
City SAN FRANCISCO	State CA	
Zip Code 94140	Purpose of Disbursement WEBSITE SERVICES	Transaction ID : SB17.I2135
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WIXPRESS LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address P.O. BOX 40190		Amount of Each Disbursement this Period 303.95
City SAN FRANCISCO	State CA	
Zip Code 94140	Purpose of Disbursement WEBSITE SERVICES	Transaction ID : SB17.I2136
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WIXPRESS LTD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address P.O. BOX 40190		Amount of Each Disbursement this Period 4.95
City SAN FRANCISCO	State CA	
Zip Code 94140	Purpose of Disbursement WEBSITE SERVICES	Transaction ID : SB17.I2137
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	313.89
<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 72 OF 74	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Marlin Stutzman for Congress**

Full Name (Last, First, Middle Initial) <b>A. WIXPRESS LTD</b>		Date of Disbursement MM / DD / YYYY <b>03 / 16 / 2015</b>
Mailing Address P.O. BOX 40190		Amount of Each Disbursement this Period \$ 4.99
City SAN FRANCISCO	State CA	
Zip Code 94140	Purpose of Disbursement WEBSITE SERVICES	<b>Transaction ID : SB17.I2138</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 4.99
<b>TOTAL</b> This Period (last page this line number only).....	\$ 155724.50

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC10.001**

**Marlin Stutzman for Congress**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**ALLY FINANCIAL**

Election: 2012

Primary

General

Other (specify) ▼

Mailing Address  
P. O. BOX 380901

City State ZIP Code  
BLOOMINGTON MN 55438

**AUTO LOAN FOR CAMPAIGN TRUCK**

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45184.68	36607.16	8577.52

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

09

24

2012

11

09

2015

6.49 % (apr)

Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	8577.52
<b>TOTALS</b> This Period (last page in this line only).....	▶	8577.52

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

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

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>Marlin Stutzman for Congress</b>	Transaction ID : SC-1.001	FEC IDENTIFICATION NUMBER <b>C</b> C00484683
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LENDING INSTITUTION (LENDER) Full Name <b>ALLY FINANCIAL</b>	Amount of Loan <b>45184.68</b>	Interest Rate (APR) <b>6.49</b> %
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Mailing Address PO BOX 380901	Date Incurred or Established MM / DD / YYYY <b>09 / 24 / 2012</b>	Date Due MM / DD / YYYY <b>11 / 09 / 2015</b>
City <b>BLOOMINGTON</b>	State <b>MN</b>	Zip Code <b>55438</b>

Back Ref **SC10.001**

A. Has loan been restructured?  No  Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit,  
Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: **15696.78**

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: TRUCK

What is the value of this collateral?  
**55184.68**

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
\_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account:  
Address:  
City, State, Zip: \_\_\_\_\_

Date account established:  
MM / DD / YYYY

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name <b>CHRIS MARSTON</b> Signature _____	DATE MM / DD / YYYY <b>09 / 24 / 2014</b>
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H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name <b>RANDY A. GODFREY</b> Signature <b>RANDY A. GODFREY</b>	[Electronically Filed]	DATE MM / DD / YYYY <b>07 / 31 / 2013</b>
Title <b>OPERATION MANAGER</b>		