

**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
1000.00

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
1000.00

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
750.00

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