

**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

ANDREW MCNEIL FOR CONGRESS

ADDRESS (number and street)

PO BOX 36

Check if different
than previously
reported. (ACC)

FREEDOM

IN

47431

2. FEC IDENTIFICATION NUMBER ▼

C

C00553131

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

IN

08

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

M M / D D / Y Y Y Y
05 06 2014in the
State of

IN

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 01 2014

through

M M / D D / Y Y Y Y
04 16 2014

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

Type or Print Name of Treasurer Kristin A. Woodruff

Signature of Treasurer

Kristin A. Woodruff

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 03 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 10

Write or Type Committee Name

ANDREW MCNEIL FOR CONGRESS

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 1 | 4 |

| | 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)).... | 1022.58 | 28799.98 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 1880.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 1022.58 | 26919.98 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 3401.12 | 24030.87 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 3401.12 | 24030.87 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 2889.11 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 10

Write or Type Committee Name

ANDREW MCNEIL FOR CONGRESS

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 4 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 1 | 4 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

600.00

19450.00

(ii) Unitemized

405.00

6995.00

(iii) TOTAL of contributions from individuals

1005.00

26445.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

17.58

2354.98

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1022.58

28799.98

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

1022.58

28799.98

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 3401.12 | 24030.87 |
| 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 | 1880.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 1880.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 3401.12 | 25910.87 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 5267.65 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 1022.58 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 6290.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 3401.12 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 2889.11 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 10

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

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)

ANDREW MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Phyllis McNeil**A.**

Mailing Address 3081 Dunn Rd.

City

Freedom

State

IN

Zip Code

47431

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

615.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 03 | | 2014 |

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period

100.00
contribution

Full Name (Last, First, Middle Initial)

Tammora K. McNeil**B.**

Mailing Address 3939 E. County Rd. 500 S.

City

Middletown

State

IL

Zip Code

47356-9508

FEC ID number of contributing
federal political committee.

C

Name of Employer
General MotorsOccupation
Designer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 13 | | 2014 |

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period

500.00
contribution

Full Name (Last, First, Middle Initial)

C.

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 M | / | D 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).....

| |
|--------|
| 600.00 |
| 600.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

ANDREW MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Andrew McNeil

A.

Mailing Address 3116 Dunn Rd.

City

Freedom

State

IN

Zip Code

47431

FEC ID number of contributing
federal political committee.

C H4IN08199

Name of Employer

Ronoco Coffee

Occupation

Regional Sales Representative

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2345.40

Date of Receipt

M M / D D / Y Y Y Y
04 07 2014

Transaction ID : SA11D.4841

Amount of Each Receipt this Period

8.00

In-kind - volunteer lunch

Full Name (Last, First, Middle Initial)

Andrew McNeil

B.

Mailing Address 3116 Dunn Rd.

City

Freedom

State

IN

Zip Code

47431

FEC ID number of contributing
federal political committee.

C H4IN08199

Name of Employer

Ronoco Coffee

Occupation

Regional Sales Representative

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2354.98

Date of Receipt

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : SA11D.4836

Amount of Each Receipt this Period

9.58

In-kind - office supply purchase

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

17.58

17.58

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

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

ANDREW MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Andrew McNeil

Mailing Address 3116 Dunn Rd.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Freedom | IN | 47431 |

Purpose of Disbursement
Fuel reimbursement

002

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: IN District: 08

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 06 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 367.92 |
|--------|

Transaction ID : SB17.4713

B. Andrew McNeil

Mailing Address 3116 Dunn Rd.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Freedom | IN | 47431 |

Purpose of Disbursement
In-kind - volunteer lunch

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: IN District: 08

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 07 | | 2014 |

Amount of Each Disbursement this Period

| |
|------|
| 8.00 |
|------|

Transaction ID : SB17.4842

C. Andrew McNeil

Mailing Address 3116 Dunn Rd.

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Freedom | IN | 47431 |

Purpose of Disbursement
Fuel Reimbursement

002

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State: IN District: 08

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 13 | | 2014 |

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Transaction ID : SB17.4714

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

775.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

ANDREW MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Andrew McNeil

Mailing Address 3116 Dunn Rd.

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 14 | 2014 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Freedom | IN | 47431 |

Amount of Each Disbursement this Period

| |
|------|
| 9.58 |
|------|

Purpose of Disbursement
In-kind - office supply purchase

Candidate Name

Category/
Type**Transaction ID : SB17.4837**

| | | |
|----------------|--|--|
| Office Sought: | <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
|----------------|--|--|

State: IN District: 08

Full Name (Last, First, Middle Initial)

B. Piryx

Mailing Address 144 2nd St. 1st Floor

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 15 | 2014 |

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| San Francisco | CA | 94105 |

Amount of Each Disbursement this Period

| |
|-------|
| 30.48 |
|-------|

Purpose of Disbursement
bank fee

Candidate Name

001
Category/
Type**Transaction ID : SB17.4705**

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
|----------------|---|--|

State: District:

Full Name (Last, First, Middle Initial)

c. Presto Printing

Mailing Address 16 South Washington Street

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 04 | 09 | 2014 |

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| Spencer Indiana | IN | 47460 |

Amount of Each Disbursement this Period

| |
|-------|
| 10.70 |
|-------|

Purpose of Disbursement
flyers

Candidate Name

004
Category/
Type**Transaction ID : SB17.4700**

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
|----------------|---|--|

State: District:

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

| |
|-------|
| 50.76 |
|-------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

ANDREW MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Presto Printing

Mailing Address 16 South Washington Street

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 11 | | 2014 |

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| Spencer Indiana | IN | 47460 |

Amount of Each Disbursement this Period

| |
|--------|
| 416.14 |
|--------|

Purpose of Disbursement
Stationary and printing

006

Transaction ID : SB17.4704

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B. Romax Motin Pictures Production

Mailing Address 1600 N. Willis Dr. Unit 216

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 11 | | 2014 |

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | IN | 47404 |

Amount of Each Disbursement this Period

| |
|--------|
| 160.00 |
|--------|

Purpose of Disbursement
Head Shot

004

Transaction ID : SB17.4703

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

c. Town Square Media

Mailing Address 117 SE 5th ST.

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | | 03 | | 2014 |

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Evansville | IN | 47708 |

Amount of Each Disbursement this Period

| |
|--------|
| 748.00 |
|--------|

Purpose of Disbursement
Radio AD

004

Transaction ID : SB17.4698

Candidate Name

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

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

1324.14

