

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
STOCKDALE 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))....	7510.00	7510.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7510.00	7510.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3915.45	3915.45
(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)).....	3915.45	3915.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3594.55	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

STOCKDALE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3250.00	3250.00
(ii) Unitemized	3810.00	3810.00
(iii) TOTAL of contributions from individuals	7060.00	7060.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	450.00	450.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7510.00	7510.00
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).....	7510.00	7510.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3915.45	3915.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3915.45	3915.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7510.00
25. SUBTOTAL (add Line 23 and Line 24).....	7510.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3915.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3594.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
STOCKDALE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Lindsey Moulton

Mailing Address 9918 Harbour Pines Court

City Indianapolis State IN Zip Code 46256

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

Name of Employer IU Health Systems Occupation Staff Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2013

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period
 350.00

B. Full Name (Last, First, Middle Initial)
Mrs. Rosita Stockdale

Mailing Address 35 Red Oak Lane

City Carmel State IN Zip Code 46033

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2013

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Mr. Travis Trott

Mailing Address 8404 Eastbay Dr

City Indianapolis State IN Zip Code 46236

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

Name of Employer Finishmaster Occupation VP of Supply Chain

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2013

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
 300.00

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

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

3250.00

3250.00

**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 8
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
STOCKDALE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. DAVID S S STOCKDALE

Mailing Address 2889 JASON ST

City State Zip Code
CARMEL IN 46033

FEC ID number of contributing federal political committee. **C H4IN05104**

Name of Employer Occupation
David Stockdale & Associates Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2013

Transaction ID : SA11D.4196

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Mr. DAVID S S STOCKDALE

Mailing Address 2889 JASON ST

City State Zip Code
CARMEL IN 46033

FEC ID number of contributing federal political committee. **C H4IN05104**

Name of Employer Occupation
David Stockdale & Associates Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11D.4198

Amount of Each Receipt this Period
300.00

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 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).....

450.00

450.00

**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 7 OF 8			
	<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)
STOCKDALE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Church, Church, Hittle & Antrim			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013		
Mailing Address Two North Ninth Street			Amount of Each Disbursement this Period 210.00		
City Noblesville	State IN	Zip Code 46061	Transaction ID : SB17.4235		
Purpose of Disbursement Legal Services - Trademarks		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. MAO LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2013		
Mailing Address 815 E Westfield Blvd			Amount of Each Disbursement this Period 1532.00		
City Indianapolis	State IN	Zip Code 46220	Transaction ID : SB17.4220		
Purpose of Disbursement Fundraising - Meal Costs		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) C. Priceline.com			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2013		
Mailing Address 800 Connecticut Ave			Amount of Each Disbursement this Period 462.78		
City Norwalk	State CT	Zip Code 06854	Transaction ID : SB17.4233		
Purpose of Disbursement Travel - Airfare		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2204.78
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 8 OF 8	
	<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)
STOCKDALE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TBI Advertising		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2013
Mailing Address PO Box 1006		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4228
City Morrison	State CO Zip Code 80466	
Purpose of Disbursement Website Design and Launch	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	3204.78