

# 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

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Marlin Stutzman for Congress**

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

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 175637.04               | 797084.17                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | 0.00                    | 11550.00                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 175637.04               | 785534.17                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 93339.32                | 460695.78                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 817.89                  | 2344.47                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 92521.43                | 458351.31                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 430512.32               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 22162.81                |                                    |

**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<br/>Total This Period</b> | <b>COLUMN B<br/>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).....   | 72708.91                              | 333582.71                                  |
| (ii) Unitemized.....   | 8428.13                               | 44385.13                                   |
| (iii) TOTAL of contributions from individuals ▶  | 81137.04                              | 377967.84                                  |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees (such as PACs).....   | 94500.00                              | 419116.33                                  |
| (d) The Candidate.....   | 0.00                                  | 0.00                                       |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 175637.04                             | 797084.17                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | 2437.78                               | 11473.31                                   |
| <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>                                | 817.89                                | 2344.47                                    |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | 770.00                                | 770.00                                     |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 179662.71                             | 811671.95                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 93339.32                      | 460695.78                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 11550.00                           |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 11550.00                           |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 113949.55                          |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 93339.32                      | 586195.33                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 344188.93 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 179662.71 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 523851.64 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 93339.32  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 430512.32 |

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>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)  
**DENNIS R. ADAMS**

Mailing Address 5256 ARYSHIRE DRIVE

City DUBLIN State OH Zip Code 43017-9424

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 Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4859**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT L. ALLMAN**

Mailing Address 6575 E. HARROLD ROAD

City CHURUBUSCO State IN Zip Code 46723-9767

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

Name of Employer ALL PRINTING & PUBLICATIONS Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4862**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. KEN M. BARANOWSKI**

Mailing Address 2885 E 600 NORTH

City ALBION State IN Zip Code 46701-9725

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

Name of Employer SCI Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.4978**

Amount of Each Receipt this Period  
 2600.00  
 CONTRIBUTION

SEE REATTRIBUTION

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

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

3850.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. KEN M. BARANOWSKI**

Mailing Address 2885 E 600 NORTH

City ALBION State IN Zip Code 46701-9725

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

Name of Employer SCI Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.4978B**

Amount of Each Receipt this Period  
-500.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
**LEAH K. BARANOWSKI**

Mailing Address 2885 E 600 NORTH

City ALBION State IN Zip Code 46701-9725

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5109**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**  
REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC) REATTRIBUTION FROM SPOUSE

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

Mailing Address 3580 BLACKTHORN COURT

City SOUTH BEND State IN Zip Code 46628-6158

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

Name of Employer ABRO INDUSTRIES, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4873**

Amount of Each Receipt this Period  
5200.00

CONTRIBUTION

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

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

5200.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |               |

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

**A.** Full Name (Last, First, Middle Initial)  
**PETER F. BARANAY**

Mailing Address 3580 BLACKTHORN COURT

City SOUTH BEND State IN Zip Code 46628-6158

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

Name of Employer ABRO INDUSTRIES, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.4873B**

Amount of Each Receipt this Period  
-2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**PETER F. BARANAY**

Mailing Address 3580 BLACKTHORN COURT

City SOUTH BEND State IN Zip Code 46628-6158

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

Name of Employer ABRO INDUSTRIES, INC. Occupation OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5091**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 118 I U WILLETS RD

City OLD WESTBURY State NY Zip Code 11568-1521

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

Name of Employer MORGAN STANLEY Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4905**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1000.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>BRIAN M. BAUER</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 26 / 2014 |
| Mailing Address 12306 MCKAYS POINTE   |                                  | <b>Transaction ID : SA11.4880</b>                        |
| City<br>FORT WAYNE  | State<br>IN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>LUTHERAN HOSPITL  | Occupation<br>CEO                | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>CAROL BECKER</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 20 / 2014 |
| Mailing Address 201 E 62 ST.<br>#15A  |                                   | <b>Transaction ID : SA11.4903</b>                        |
| City<br>NEW YORK  | State<br>NY                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00            |
| Name of Employer<br>COLUMBIA UNIVERSITY   | Occupation<br>ADMINISTRATOR       | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>DAVID BEGO</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |
| Mailing Address P.O. BOX 501796   |                                  | <b>Transaction ID : SA11.4941</b>                        |
| City<br>INDIANAPOLIS  | State<br>IN                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00             |
| Name of Employer<br>EMS   | Occupation<br>CEO                | CONTRIBUTION   |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |



**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**KATHLEEN BELL**

Mailing Address **PO BOX 642**

City **RANCHO SANTA FE** State **CA** Zip Code **92067-0642**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : SA11.4712**

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

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

Mailing Address **3333 W. HAMILTON ROAD**

City **FORT WAYNE** State **IN** Zip Code **46814-9730**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 27 / 2014**

**Transaction ID : SA11.4711**

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

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

Mailing Address **5857 COUNTY ROAD 64**

City **SPENCERVILLE** State **IN** Zip Code **46788-9715**

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

Name of Employer **NORTHWESTERN MUTUAL FINANCIAL NETV** Occupation **FINANCE**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11.4866**

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

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>2250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**LISA N. BOOTH M.D.**

Mailing Address 525 W 600 N

City State Zip Code  
HOWE IN 46746-9326

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11.4771**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TIMOTHY S. BORNE**

Mailing Address 2204 LADUE LN.

City State Zip Code  
FT. WAYNE IN 46804-2794

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

Name of Employer Occupation  
ASHER AGENCY, INC CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : SA11.4834**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 17008 BITTNER WAY

City State Zip Code  
NOBLESVILLE IN 46062-7145

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

Name of Employer Occupation  
INDIANA MANUFACTURED HOUSING ASSOC EXECUTIVE DIRECTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.4872**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

850.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**HOLLACE CHASTAIN**

Mailing Address 4470 BROOK HOLLOW DRIVE

City State Zip Code  
FORT WAYNE IN 46814-9742

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

Name of Employer Occupation  
PARKVIEW HEALTH CARDIOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2014

**Transaction ID : SA11.4749**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 15 BIRCH DR

City State Zip Code  
PLAINVIEW NY 11803-2902

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

Name of Employer Occupation  
DOUGLA ELLIMAN REAL ESTATE SALES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.4901**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 2805 CHICHESTER LANE

City State Zip Code  
FORT WAYNE IN 46815-8548

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

Name of Employer Occupation  
RADIATION ONCOLOGY ASSOCIATES PHYSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2014

**Transaction ID : SA11.4838**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 12 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**MICKEY ANN DAVIS**

Mailing Address 7901 E 900 S-92

City ROANOKE State IN Zip Code 46783-9207

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 18 / 2014**

**Transaction ID : SA11.4841**

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

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

Mailing Address 462 JEFFERSON STREET  
P.O. BOX 363

City CROMWELL State IN Zip Code 46732-9545

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.5011**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address 3215 GREENLEAF BOULEVARD

City ELKHART State IN Zip Code 46514-4357

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.4998**

Amount of Each Receipt this Period  
**5000.00**  
 CONTRIBUTION

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

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

**5350.00**

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR J. DECIO**

Mailing Address 3215 GREENLEAF BOULEVARD

City: ELKHART State: IN Zip Code: 46514-4357

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.4998B**

Amount of Each Receipt this Period: -2400.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**ARTHUR J. DECIO**

Mailing Address 3215 GREENLEAF BOULEVARD

City: ELKHART State: IN Zip Code: 46514-4357

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.5087**

Amount of Each Receipt this Period: 2400.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 7531 US 930 EAST

City: FORT WAYNE State: IN Zip Code: 46803-

FEC ID number of contributing federal political committee: C

Name of Employer: NEW HAVEN PRINT Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 12 / 2014

**Transaction ID : SA11.4757**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

250.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**ROGER A. DIEHM**

Mailing Address 10426 N. 1000 E.

City: KENDALLVILLE State: IN Zip Code: 46755-9757

FEC ID number of contributing federal political committee: C

Name of Employer: DIEHM CONSTRUCTION INC Occupation: BUILDER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.4999**

Amount of Each Receipt this Period: 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. SIMON DRAGAN**

Mailing Address 1815 SYCAMORE HILLS DR.

City: FORT WAYNE State: IN Zip Code: 46814-9390

FEC ID number of contributing federal political committee: C

Name of Employer: WHITLEY MANUFACTURING Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 03 / 2014

**Transaction ID : SA11.4740**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 5865 E STATE ROAD 14

City: COLUMBIA CITY State: IN Zip Code: 46725-9237

FEC ID number of contributing federal political committee: C

Name of Employer: MICROPULSE, INC. Occupation: OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 17 / 2014

**Transaction ID : SA11.4792**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 124  
(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)  
**MATTHEW ENGEL**

Mailing Address 19 SOUNDVIEW LN

City State Zip Code  
SANDS POINT NY 11050-1342

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

Name of Employer Occupation  
LANGSAM PROPERTY SERVICE CORP VP

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4900**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT CLARK FANNING**

Mailing Address 1455 W 610 N

City State Zip Code  
HOWE IN 46746-9469

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

Name of Employer Occupation  
SELF FARMER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.4975**

Amount of Each Receipt this Period  
 2600.00

CONTRIBUTION

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

Mailing Address 12585 CHYVERTON CIRCLE

City State Zip Code  
CARMEL IN 46032-8336

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

Name of Employer Occupation  
HOME HEALTH DEPOT OWNER / ATTORNEY

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2014

**Transaction ID : SA11.4722**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

5600.00

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

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

FOR LINE NUMBER: PAGE 16 OF 124  
(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)  
**ROBIN L. FILLERS**

Mailing Address 2765 E 350 N

City State Zip Code  
BLUFFTON IN 46714-9259

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

Name of Employer Occupation  
STATESIDE POWERSPORTS & 21ST CENTURY OWNER

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4851**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 6710 S 715 W

City State Zip Code  
TOPEKA IN 46571-9746

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4814**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address PO BOX 853

City State Zip Code  
EDWARDSVILLE IL 62025-0853

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5007**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1600.00



**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**JOAN P. GAVILANEZ**

Mailing Address 1553 WEXFORD COURT

City State Zip Code  
BLUFFTON IN 46714-1261

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.4852**

Amount of Each Receipt this Period  
400.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JASON P. GLASSLEY**

Mailing Address 5718 COVENTRY LANE

City State Zip Code  
FORT WAYNE IN 46804-7141

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

Name of Employer Occupation  
FORT WAYNE ENDODONTICS ENDODONTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2014

**Transaction ID : SA11.4845**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 387

City State Zip Code  
ANGOLA IN 46703-0387

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11.4826**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1650.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**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 18 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**STEPHANIE GOUGH**

Mailing Address 0405 W 590 S

City: WOLCOTTVILLE State: IN Zip Code: 46795-8983

FEC ID number of contributing federal political committee: C

Name of Employer: BRADLEY GOUGH DIAMONDS Occupation: DIAMONDOLOGIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1200.00

Date of Receipt: 03 / 18 / 2014

**Transaction ID : SA11.4836**

Amount of Each Receipt this Period: 200.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CAROL A. HART**

Mailing Address 2282 E. KAMMERER ROAD

City: KENDALLVILLE State: IN Zip Code: 46755-3065

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.5012**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 1054 LAKE DRIVE CLEAR LAKE

City: FREMONT State: IN Zip Code: 46737-9566

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 24 / 2014

**Transaction ID : SA11.4864**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

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

1450.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**JOEL & DENISE HARTER**

Mailing Address 7515 COVINGTON HOLLOW PASS

City State Zip Code  
FORT WAYNE IN 46804-6154

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

Name of Employer Occupation  
SUMMIT BRANDS CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2014

**Transaction ID : SA11.4762**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. HATHAWAY M.D.**

Mailing Address 802 N. UNION ST.

City State Zip Code  
AUBURN IN 46706-1235

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.4973**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 13718 HARDISTY RD.

City State Zip Code  
FORT WAYNE IN 46845-9209

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2014

**Transaction ID : SA11.4731**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

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

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

500.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY L. HESS**

Mailing Address 1501 BROOKVIEW BOULEVARD

City: KENDALLVILLE State: IN Zip Code: 46755-2776

FEC ID number of contributing federal political committee: C

Name of Employer: ORIZON KENDALVILLE REAL ESTATE, INC. Occupation: REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 24 / 2014

**Transaction ID : SA11.4868**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 2467 W. 1000 N.

City: MARKLE State: IN Zip Code: 46770-9797

FEC ID number of contributing federal political committee: C

Name of Employer: HOLDMAN CONSULT Occupation: ATTORNEY/CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.4979**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 3000 W. 050 N.

City: LAGRANGE State: IN Zip Code: 46761-9462

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 03 / 31 / 2014

**Transaction ID : SA11.4968**

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

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

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

1350.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>DIANE S. HUMPHREY</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |  |
| Mailing Address 2279 E 250 N  |                                   | <b>Transaction ID : SA11.4744</b>                        |  |
| City<br>BLUFFTON  | State<br>IN                       | Zip Code<br>46714-9206                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2600.00            |  |
| Name of Employer<br>NONE  | Occupation<br>NONE                |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2650.00 |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>DIANE S. HUMPHREY</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |  |
| Mailing Address 2279 E 250 N  |                                   | <b>Transaction ID : SA11.4744B</b>                       |  |
| City<br>BLUFFTON  | State<br>IN                       | Zip Code<br>46714-9206                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>-50.00             |  |
| Name of Employer<br>NONE  | Occupation<br>NONE                |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2650.00 |  |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>DIANE S. HUMPHREY</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |  |
| Mailing Address 2279 E 250 N  |                                   | <b>Transaction ID : SA11.4756</b>                        |  |
| City<br>BLUFFTON  | State<br>IN                       | Zip Code<br>46714-9206                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>50.00              |  |
| Name of Employer<br>NONE  | Occupation<br>NONE                |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2650.00 |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2600.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**DIDI HUTT**

Mailing Address 32 OLD MILL RD

City State Zip Code  
GREAT NECK NY 11023-1932

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

Name of Employer Occupation  
RETIRED RETIRED ATTORNEY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.4904**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 6 RUGOSA WAY

City State Zip Code  
GREER SC 29650-4417

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.4989**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address 1104 SPRING BROOKE DRIVE

City State Zip Code  
GOSHEN IN 46528-5060

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

Name of Employer Occupation  
LIGONIER TELEPHONE CO. MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.4980**

Amount of Each Receipt this Period  
1000.00

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 23 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**SKIP AND MARNA JOHNSON**

Mailing Address 914 E GUMP RD

City State Zip Code  
FORT WAYNE IN 46845-9003

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

Name of Employer Occupation  
LEISURE LAWN OF FORT WAYNE OWNER LEISURE LAWN OF FORT WAYNE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2014

**Transaction ID : SA11.4758**

Amount of Each Receipt this Period  
600.00  
CONTRIBUTION

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

Mailing Address 22 OLD POND RD

City State Zip Code  
GREAT NECK NY 11023-1004

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

Name of Employer Occupation  
ELECTRO INDUSTRIAL CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.4908**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 5334 COUNTY ROAD 16

City State Zip Code  
WATERLOO IN 46793-9752

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

Name of Employer Occupation  
DEKALB COUNTY COMMISSIONER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11.4767**

Amount of Each Receipt this Period  
150.00  
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 24 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**FRED KLIPSCH**

Mailing Address 3510 SEDGEMOOR CIRCLE

City State Zip Code  
CARMEL IN 46032-9122

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

Name of Employer Occupation  
KLIPSCH GROUP, INC. EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11.4703**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALAN R. KORTE**

Mailing Address 950 LAKE DRIVE CLEAR LAKE

City State Zip Code  
FREMONT IN 46737-9245

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4786**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

Mailing Address 9 COLONIAL RD

City State Zip Code  
WHITE PLAINS NY 10605-2201

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

Name of Employer Occupation  
LNK PARTNERS PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4902**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2300.00



**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**DAVID N. MATTHEWS D.D.S., M**

Mailing Address **3611 BROADWAY**

City **FORT WAYNE** State **IN** Zip Code **46807-1724**

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

Name of Employer **SELF** Occupation **DENTIST**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.4982**

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

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

Mailing Address **927 WILLOWIND TRAIL**

City **FT. WAYNE** State **IN** Zip Code **46845-1379**

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

Name of Employer **BRC RUBBER & PLASTICS, INC.** Occupation **EXECUTIVE VICE PRESIDENT**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11.4833**

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

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

Mailing Address **822 PHAETON WAY**

City **AUBURN** State **IN** Zip Code **46706-1341**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.4976**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1000.00**

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DZUNG NGUYEN</b>   |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 13 / 2014      |  |
| Mailing Address 3220 ELKHART ROAD   |                                   | <b>Transaction ID : SA11.4761</b>                             |  |
| City<br>GOSHEN  | State<br>IN                       | Zip Code<br>46526-5744  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>1000.00<br>CONTRIBUTION |  |
| Name of Employer<br>GOSHEN MOTORS, INC  | Occupation<br>OWNER               |   |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |   |  |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DENNIS D. OKLAK</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014     |  |
| Mailing Address 620 ALVERNA DRIVE   |                                   | <b>Transaction ID : SA11.4911</b>                            |  |
| City<br>INDIANAPOLIS  | State<br>IN                       | Zip Code<br>46260-4942                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>500.00<br>CONTRIBUTION |  |
| Name of Employer<br>DUKE REALTY CORPROATION   | Occupation<br>CEO                 |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN A. PAGIN</b>  |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014     |  |
| Mailing Address 104 WAYNE ST<br>P.O. BOX 86   |                                  | <b>Transaction ID : SA11.4831</b>                            |  |
| City<br>HOWE  | State<br>IN                      | Zip Code<br>46746-9788                                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00<br>CONTRIBUTION |  |
| Name of Employer<br>RETIRED   | Occupation<br>RETIRED            |  |  |
| Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750.00 |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**MILES S. PERKINS**

Mailing Address 195 LANE 275B TURKEY LAKE

City HUDSON State IN Zip Code 46747-9208

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 **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4785**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANGELO A. PETITTI JR.**

Mailing Address 1645 N STATE ROAD 3

City LAGRANGE State IN Zip Code 46761-9136

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

Name of Employer M&L TRUCKING SERVICES Occupation SALES MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.4981**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11.4747**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1100.00**

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**GLENN L. PLUMMER**

Mailing Address 5586 E 900 S

City State Zip Code  
KEYSTONE IN 46759-9741

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.4846**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KIMBERLY E. RECHT**

Mailing Address PO BOX 468

City State Zip Code  
AVILLA IN 46710-0468

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.4875**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 54969 WOODHOLD COURT

City State Zip Code  
ELKHART IN 46516-6511

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2014

**Transaction ID : SA11.4788**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

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

700.00

**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 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE ROBB ROGERS**

Mailing Address 1317 F ST NW  
SUITE 800

City WASHINGTON State DC Zip Code 20004-1105

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

Name of Employer WEXLER & WALKER PUBLIC POLICY PARTN Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4891**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1286 W 106TH ST

City CARMEL State IN Zip Code 46032-9603

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

Name of Employer CELADON GROUP, INC Occupation CHAIRMAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5001**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 203 W C SHORE RD

City GREAT NECK State NY Zip Code 11024-1638

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

Name of Employer PANOR CORPORATION Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4892**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 124  
(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)  
**DOV SASSOON**

Mailing Address 18 OXFORD BLVD

City State Zip Code  
GREAT NECK NY 11023-2239

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

Name of Employer Occupation  
MAXXIMA DIRECTOR OF OPERATIONS

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2028.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11.4759**

Amount of Each Receipt this Period  
 1028.91

CONTRIBUTION

FOOD & BEVERAGES

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

Mailing Address 18 OXFORD BLVD

City State Zip Code  
GREAT NECK NY 11023-2239

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

Name of Employer Occupation  
MAXXIMA DIRECTOR OF OPERATIONS

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2028.91

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4899**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 199B W. SHORE RD.

City State Zip Code  
GREAT NECK NY 11024-1638

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

Name of Employer Occupation  
PANOR CORP CORPORATE EXECUTIVE

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4906**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

3028.91

**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 31 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**CLYDE A. SELLECK III**

Mailing Address 822 WOODFORD DR.

City GREENVILLE State SC Zip Code 29615-5468

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

Name of Employer MICHELIN NORTH AMERICA, INC. Occupation CHAIRMAN & PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : SA11.4698**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARTHA SUE SHAW**

Mailing Address 555 MAPLE KNOLL ROAD

City COLDWATER State MI Zip Code 49036-7816

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5111**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1419 MCCORMICK DRIVE

City NAPPANEE State IN Zip Code 46550-2809

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

Name of Employer INTERRA CREDIT UNION Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4856**

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 32 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. FRANK SHERMAN**

Mailing Address P.O. BOX 187

City HOWE State IN Zip Code 46746-0187

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

Name of Employer LIMA ELEVATOR COMPANY INC Occupation PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4828**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address 8731 WINCHESTER ROAD

City FORT WAYNE State IN Zip Code 46819-2251

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 **475.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11.4733**

Amount of Each Receipt this Period  
**125.00**  
 CONTRIBUTION

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

Mailing Address 1205 ROGER DRIVE

City AUBURN State IN Zip Code 46706-3627

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4809**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

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

**825.00**



**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 33 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN H. SNYDER**

Mailing Address 326 CHESTNUT FOREST CV.

City State Zip Code  
FORT WAYNE IN 46814-8925

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

Name of Employer Occupation  
AGRI STATS, INC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : SA11.4863**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD P. SOBEL**

Mailing Address 7 DEER PATH RD

City State Zip Code  
WESTON CT 06883-2201

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

Name of Employer Occupation  
ALTAI CAPITAL LLC PARTNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.4909**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 360E MONROE ST

City State Zip Code  
BLUFFTON IN 46714-9033

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

Name of Employer Occupation  
NESCO BIZ OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2014

**Transaction ID : SA11.4719**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2500.00

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 34 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD SCOTT TRUMBULL**

Mailing Address 3420 ST. ALBAN CT

City FT. WAYNE State IN Zip Code 46804-3101

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

Name of Employer FRANKLIN ELECTRIC Occupation CHAIRMAN AND CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4878**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SCOTT M. TUCKER**

Mailing Address 271 EMS C29 LN

City WARSAW State IN Zip Code 46582-9160

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

Name of Employer MAPLE LEAF FARMS, INC. Occupation CO-PRESIDENT / OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11.4760**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

REATTRIBUTION REQUESTED

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

Mailing Address 3792 BLUE WATER COURT

City POWELL State OH Zip Code 43065-7082

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

Name of Employer SELF Occupation FARMER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4857**

Amount of Each Receipt this Period  
 1900.00

CONTRIBUTION

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

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

3900.00

**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 35 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**JACKSON E. WETZEL**

Mailing Address 2385 E 500 S

City PLEASANT LAKE State IN Zip Code 46779-9738

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11.4813**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address 1812 FRENCHMANS CROSSING

City FORT WAYNE State IN Zip Code 46825-5905

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

Name of Employer RETIRED Occupation RETIREE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **205.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11.4926**

Amount of Each Receipt this Period  
**105.00**  
 CONTRIBUTION

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

Mailing Address 8910 N 200 W

City HUNTINGTON State IN Zip Code 46750-7991

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

Name of Employer MIDWEST EYE CONSULTANTS, PC Occupation MANAGER OF ORGANIZATIONAL DEVELOP

Receipt For: 2014  
 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 / 2014**

**Transaction ID : SA11.4858**

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

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

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

**1205.00**

**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 36 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**R. D. WOLHETER**

Mailing Address 5405 S. STATE ROAD 3

City: WOLCOTTVILLE State: IN Zip Code: 46795-9470

FEC ID number of contributing federal political committee: C

Name of Employer: EXECUTIVE Occupation: FOXWOOD FARMS, INC.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 550.00

Date of Receipt: 03 / 24 / 2014

**Transaction ID : SA11.4865**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 12022 SYCAMORE LAKES CT.

City: FORT WAYNE State: IN Zip Code: 46814-9019

FEC ID number of contributing federal political committee: C

Name of Employer: FIVE STAR DISTRIBUTIONS Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2250.00

Date of Receipt: 03 / 03 / 2014

**Transaction ID : SA11.4738**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

Mailing Address 12022 SYCAMORE LAKES CT.

City: FORT WAYNE State: IN Zip Code: 46814-9019

FEC ID number of contributing federal political committee: C

Name of Employer: FIVE STAR DISTRIBUTIONS Occupation: PRESIDENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2250.00

Date of Receipt: 03 / 18 / 2014

**Transaction ID : SA11.4835**

Amount of Each Receipt this Period: 150.00

CONTRIBUTION

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

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

900.00

**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 37 OF 124 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**ADVENTURE HOMES, LLC**

Mailing Address 1119 FULLER DRIVE

City State Zip Code  
GARRETT IN 46738-1874

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

Name of Employer Occupation

Receipt For: 2014  
 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 / 2014

**Transaction ID : SA11.4874**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

ATtribution TO PARTNERS REQUESTED

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4870**

Amount of Each Receipt this Period  
 250.00

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).....

1250.00

72708.91

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 38 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**AFLAC INCORPORATED POLITICAL ACTION COMMITTEE**

Mailing Address 1932 WYNNTON ROAD

City State Zip Code  
COLUMBUS GA 31999-0001

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.4717**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS, CRNA PAC**

Mailing Address 25 MASSACHUSETTS AVE., NW  
SUITE 550

City State Zip Code  
WASHINGTON DC 20001-1408

FEC ID number of contributing federal political committee. **C C00173153**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11.4752**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1111-14TH STREET NW, SUITE 1100

City State Zip Code  
WASHINGTON DC 20005-5627

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4861**

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 39 OF 124 |
|   | <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 EXPRESS COMPANY POLITICAL ACTION COMMITTEE (AXPPAC)**

Mailing Address 801 PENNSYLVANIA AVE NW  
STE 650

City WASHINGTON State DC Zip Code 20004-2673

FEC ID number of contributing federal political committee. **C** C00040535

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5006**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**

Mailing Address 919 18TH ST NW  
STE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11.4754**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

REDESIGNATION REQUESTED

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FINANCIAL SERVICES ASSOCIATION PAC**

Mailing Address 919 18TH ST NW  
STE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11.4754B**

Amount of Each Receipt this Period  
 -1000.00

CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION REQUESTED REDESIGNATION TO GENERAL

**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: (check only one)  | PAGE 40 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 FINANCIAL SERVICES ASSOCIATION PAC**

Mailing Address 919 18TH ST NW  
STE 300

City WASHINGTON State DC Zip Code 20006-5526

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11.4883**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION REQUESTED REDESIGNATION FROM PRIMARY

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 SEVENTH STREET, NW

City WASHINGTON State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4867**

Amount of Each Receipt this Period  
1000.00

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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4890**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

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

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

2500.00



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

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

FOR LINE NUMBER: PAGE 41 OF 124  
(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)  
**AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1000 WILSON BLVD  
SUITE 1825

City ARLINGTON State VA Zip Code 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 28 / 2014

**Transaction ID : SA11.4933**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : SA11.4718**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.4983**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4000.00

**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 42 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T INC. FEDERAL PAC</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |  |
| Mailing Address 208 S. AKARD STREET, SUITE 2701                                |  | <b>Transaction ID : SA11.4984</b>                        |  |
| City State Zip Code<br>DALLAS TX 75202-4206                                    | Amount of Each Receipt this Period<br>2000.00<br>CONTRIBUTION  |  |  |
| FEC ID number of contributing federal political committee.<br>C C00109017      | Name of Employer Occupation<br>Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |
| Election Cycle-to-Date<br>6000.00  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BAE SYSTEMS USA PAC</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014 |  |
| Mailing Address 1300 N. 17TH STREET                                       |  | <b>Transaction ID : SA11.4829</b>                        |  |
| City State Zip Code<br>ARLINGTON VA 22209-3803                            | Amount of Each Receipt this Period<br>1000.00<br>CONTRIBUTION  |  |  |
| FEC ID number of contributing federal political committee.<br>C C00281212 | Name of Employer Occupation<br>Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |
| Election Cycle-to-Date<br>2000.00   |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF NEW YORK M</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 20 / 2014 |  |
| Mailing Address BNY MELLON CENTER ROOM 3225   |  | <b>Transaction ID : SA11.4894</b>                        |  |
| City State Zip Code<br>PITTSBURGH PA 15258-0001   | Amount of Each Receipt this Period<br>2500.00<br>CONTRIBUTION  |  |  |
| FEC ID number of contributing federal political committee.<br>C C00017558   | Name of Employer Occupation<br>Receipt For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |  |
| Election Cycle-to-Date<br>2500.00   |  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | _____   |

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

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

FOR LINE NUMBER: PAGE 43 OF 124  
(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)  
**BUILD PAC OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUIL**

Mailing Address 1201 15TH STREET NW

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4847**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORPORATION ASSOCIATES POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4928**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMI**

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4930**

Amount of Each Receipt this Period  
 2500.00  
 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: PAGE 44 OF 124  
(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)  
**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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.4985**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11.4986**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DELOITTE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City WASHINGTON State DC Zip Code 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11.4884**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 124  
(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)  
**DELOITTE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4927**

Amount of Each Receipt this Period  
 3500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DELOITTE FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 365

City State Zip Code  
WASHINGTON DC 20044-0365

FEC ID number of contributing federal political committee. **C C00211318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4936**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 618

City State Zip Code  
ALTON IL 62002-0618

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4885**

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 46 OF 124 |
|   | <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. EQUIFAX INC. POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1550 PEACHTREE ST., NE

City ATLANTA State GA Zip Code 30309-2402

FEC ID number of contributing federal political committee. **C** C00143867

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4895**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. EXELIS EMPLOYEES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1650 TYSONS BLVD., SUITE 1700

City MCLEAN State VA Zip Code 22102-4827

FEC ID number of contributing federal political committee. **C** C00141002

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4888**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. FAEGREBD CONSULTING PAC**

Full Name (Last, First, Middle Initial)  
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: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11.4753**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

REDESIGNATION REQUESTED

**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 47 OF 124 |
|   | <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. GENERAL ELECTRIC COMPANY PAC (GEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 PENNSYLVANIA AVE, NW  
 SUITE 1100  
 City WASHINGTON State DC Zip Code 20004-2414  
 FEC ID number of contributing federal political committee. **C C00024869**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : SA11.5004**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**B. GOP GENERATION Y FUND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 9055  
 City PEORIA State IL Zip Code 61612-9055  
 FEC ID number of contributing federal political committee. **C C00448191**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014  
**Transaction ID : SA11.4893**  
 Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**C. HILL-ROM HOLDINGS, INC. POLITICAL ACTION COMMITTEE (HRPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1069 STATE ROAD 46 E  
 City BATESVILLE State IN Zip Code 47006-7520  
 FEC ID number of contributing federal political committee. **C C00448993**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014  
**Transaction ID : SA11.4713**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

8000.00

**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 48 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW  
STE 1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2014

**Transaction ID : SA11.4720**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH ST., NW STE. 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4830**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM**

Mailing Address 1550 CRYSTAL DRIVE  
SUITE 300

City ARLINGTON State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11.4742**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3500.00



**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 49 OF 124 |
|   | <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)  
**LOUIS DREYFUS COMMODITIES LLC POLITICAL ACTION COMMITTEE**

Mailing Address 1050 K. ST., NW STE. 325

City WASHINGTON State DC Zip Code 20001-4447

FEC ID number of contributing federal political committee. **C** C00492363

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4889**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MANAGED FUNDS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 600 14TH ST NW STE 900

City WASHINGTON State DC Zip Code 20005-2002

FEC ID number of contributing federal political committee. **C** C00306894

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4937**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION**

Mailing Address 1295 STATE ST

City SPINGFIELD State MA Zip Code 01111-0001

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4934**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 50 OF 124  
(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)  
**MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**

Mailing Address 1 POST STREET, 32ND FLOOR

City SAN FRANCISCO State CA Zip Code 94104-5255

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4887**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MONSANTO COMPANY CITIZENSHIP FUND AKA MONSANTO CITIZENSHIP F**

Mailing Address 800 N. LINDBERGH BOULEVARD

City ST. LOUIS State MO Zip Code 63167-1000

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11.4750**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MORGAN STANLEY POLITICAL ACTION COMMITTEE**

Mailing Address 1585 BROADWAY  
FL 39

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5002**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

5500.00

**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 51 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**MORGAN STANLEY POLITICAL ACTION COMMITTEE**

Mailing Address 1585 BROADWAY  
FL 39

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5003**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4935**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INDEPENDENT LIFE BROKERAGE AGENCIES**

Mailing Address 228 S WASHINGTON ST., STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00422204

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4896**

Amount of Each Receipt this Period  
 1000.00  
 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:<br>(check only one)   | PAGE 52 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 State Zip Code  
**FALLS CHURCH VA 22042-1260**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 28 2014**  
**Transaction ID : SA11.4931**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.**

Mailing Address **1875 I ST NW STE 600**

City State Zip Code  
**WASHINGTON DC 20006-5413**

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2014**  
**Transaction ID : SA11.4987**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC.**

Mailing Address **1875 I ST NW STE 600**

City State Zip Code  
**WASHINGTON DC 20006-5413**

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **5500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2014**  
**Transaction ID : SA11.4988**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>5000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 53 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**NEW YORK LIFE INSURANCE PAC**

Mailing Address 51 MADISON AVE.  
ROOM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.4992**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 200 CIVIC CENTER DRIVE

City COLUMBUS State OH Zip Code 43215-4138

FEC ID number of contributing federal political committee. **C** C00051979

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4938**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NRA-POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030-6003

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11.4715**

Amount of Each Receipt this Period  
 1000.00  
 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: PAGE 54 OF 124  
(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)  
**PRICEWATERHOUSECOOPERS PAC**

Mailing Address 1301 K STREET NW SUITE 800-WEST

City WASHINGTON State DC Zip Code 20005-3317

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4932**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11.4827**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11.4716**

Amount of Each Receipt this Period  
 1000.00  
 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 55 OF 124 |
|   | <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)  
**ROLLS-ROYCE NORTH AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1875 EXPLORER STREET SUITE 200

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| RESTON | VA    | 20190-6022 |

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4939**

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   | State | Zip Code   |
| RESTON | VA    | 20190-6022 |

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5008**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 N.E. ADAMS ST.

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| PEORIA | IL    | 61629-0001 |

FEC ID number of contributing federal political committee. **C** C00148031

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

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11.4929**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00  
 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:<br>(check only one)   | PAGE 56 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**TOMORROW IS MEANINGFUL PAC (TIM-PAC)**

Mailing Address 209 PENNSYLVANIA AVE SE  
STE 2109

City WASHINGTON State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5009**

Amount of Each Receipt this Period  
 7500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TOMORROW IS MEANINGFUL PAC (TIM-PAC)**

Mailing Address 209 PENNSYLVANIA AVE SE  
STE 2109

City WASHINGTON State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5009B**

Amount of Each Receipt this Period  
 -2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**TOMORROW IS MEANINGFUL PAC (TIM-PAC)**

Mailing Address 209 PENNSYLVANIA AVE SE  
STE 2109

City WASHINGTON State DC Zip Code 20003-1107

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11.5085**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

7500.00



**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 57 OF 124 |
|   | <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)  
**UNITED PARCEL SERVICE INC. PAC (UPSPAC)**

Mailing Address 55 GLENLAKE PKWY NE

City ATLANTA State GA Zip Code 30328-3474

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11.4869**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TECHNOLOGIES EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address ONE FINANCIAL PLAZA

City HARTFORD State CT Zip Code 06103-2608

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11.4751**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**VERIZON WIRELESS GOOD GOVERNMENT CLUB**

Mailing Address 1300 I STREET NW 4TH FLOOR

City WASHINGTON State DC Zip Code 20005-3314

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11.4886**

Amount of Each Receipt this Period  
 1500.00  
 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:<br>(check only one)   | PAGE 58 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 SW 8TH ST  
City BENTONVILLE State AR Zip Code 72716-6209

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014  
**Transaction ID : SA11.4940**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**WELLPOINT, INC. WELLPAC**

Mailing Address 120 MONUMENT CIRCLE  
City INDIANAPOLIS State IN Zip Code 46204-4906

FEC ID number of contributing federal political committee. **C C00197228**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2014  
**Transaction ID : SA11.4714**

Amount of Each Receipt this Period  
1500.00  
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

Amount of Each Receipt this Period

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2500.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 94500.00 |

**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 59 OF 124 |
|   | <input type="checkbox"/> 11a<br><input checked="" type="checkbox"/> 12<br><input type="checkbox"/> 11b<br><input type="checkbox"/> 13a<br><input type="checkbox"/> 11c<br><input type="checkbox"/> 13b<br><input type="checkbox"/> 11d<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**HOOSIER PALMETTO VICTORY FUND**

Mailing Address **PO BOX 26141**

City **ALEXANDRIA** State **VA** Zip Code **22313-6141**

FEC ID number of contributing federal political committee. **C C00556779**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2437.78**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA12.4914**

Amount of Each Receipt this Period  
**2437.78**

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address **2372 WEST WILDWOOD TRAIL**

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

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

Name of Employer Occupation

INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA12.5043**

Amount of Each Receipt this Period  
**1300.00**

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address **2372 WEST WILDWOOD TRAIL**

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

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

Name of Employer Occupation

INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA12.5044**

Amount of Each Receipt this Period  
**400.00**

CONTRIBUTION

**[MEMO ITEM]**

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

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

**2437.78**

**2437.78**

**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 60 OF 124 |
|   | <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)  
**Marlin Stutzman for Congress**

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

Mailing Address 500 STAPLES DR

City: FRAMINGHAM    State: MA    Zip Code: 01702

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

Name of Employer: \_\_\_\_\_    Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_ 980.07

Date of Receipt: 01 / 17 / 2014

**Transaction ID : SA14.1159**

Amount of Each Receipt this Period: 492.00

CREDIT - RETURN OF PURCHASE

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

Mailing Address 500 STAPLES DR

City: FRAMINGHAM    State: MA    Zip Code: 01702

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

Name of Employer: \_\_\_\_\_    Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_ 980.07

Date of Receipt: 03 / 13 / 2014

**Transaction ID : SA14.1160**

Amount of Each Receipt this Period: 299.95

CREDIT - RETURN OF PURCHASE

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

Mailing Address

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_    Occupation: \_\_\_\_\_

Receipt For:  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date: \_\_\_\_\_

Date of Receipt

Amount of Each Receipt this Period

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

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

791.95

791.95

**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 61 OF 124 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input checked="" type="checkbox"/> 15 |                |

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

**A.** Full Name (Last, First, Middle Initial)  
**MARLIN A STUTZMAN**

Mailing Address 0250 W 600 N

City State Zip Code  
HOWE IN 46746

FEC ID number of contributing federal political committee. **C** H0IN03198

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
770.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 18 2014

**Transaction ID : SA15.1162**

Amount of Each Receipt this Period  
 770.00  
 REIMBURSING CAMPAIGN FOR PERSONAL TRAVEL

**B.** 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

**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).....

770.00

770.00

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

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 62 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JOE KNEPPER</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 01 / 2014                           |
| Mailing Address 1224 BETHANY LANE  |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : SB17.I953</b> |
| City FORT WAYNE State IN Zip Code 46825  | Purpose of Disbursement GRASSROOTS CONSULTING  |   |
| 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)<br><b>B. JOE KNEPPER</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 01 / 2014                           |
| Mailing Address 1224 BETHANY LANE  |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : SB17.I954</b> |
| City FORT WAYNE State IN Zip Code 46825  | Purpose of Disbursement GRASSROOTS CONSULTING  |   |
| 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)<br><b>C. JOE KNEPPER</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 01 / 2014                           |
| Mailing Address 1224 BETHANY LANE  |  | Amount of Each Disbursement this Period<br>2500.00<br><b>Transaction ID : SB17.I955</b> |
| City FORT WAYNE State IN Zip Code 46825  | Purpose of Disbursement GRASSROOTS CONSULTING  |   |
| 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).....      | 7500.00 |
| <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:<br>(check only one)  | PAGE 63 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. NATALIE PERRIE</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014                           |
| Mailing Address 938 SYCAMORE   |   | Amount of Each Disbursement this Period<br>1000.00<br><b>Transaction ID : SB17.I986</b> |
| City<br>GRENADA  | State<br>MS   |   |
| Zip Code<br>38901  | Purpose of Disbursement<br>DESIGN SERVICES  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NATALIE PERRIE</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014                           |
| Mailing Address 938 SYCAMORE   |   | Amount of Each Disbursement this Period<br>3500.00<br><b>Transaction ID : SB17.I987</b> |
| City<br>GRENADA  | State<br>MS   |   |
| Zip Code<br>38901  | Purpose of Disbursement<br>DESIGN SERVICES  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. BRIAN PRISOCK</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                           |
| Mailing Address 1670 W 600 N   |   | Amount of Each Disbursement this Period<br>375.00<br><b>Transaction ID : SB17.I1003</b> |
| City<br>HOWE   | State<br>IN   |   |
| Zip Code<br>46746  | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4875.00 |
| <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:<br>(check only one)          |                                    | PAGE 64 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BRIAN PRISOCK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 11 / 2014</b> |
| Mailing Address 1670 W 600 N  |  | Amount of Each Disbursement this Period<br><b>163.93</b>             |
| City<br>HOWE  | State<br>IN  |  |
| Zip Code<br>46746   | Purpose of Disbursement<br>REIMBURSEMENT (SEE BELOW)   | <b>Transaction ID : SB17.I1004</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BRIAN PRISOCK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 11 / 2014</b> |
| Mailing Address 1670 W 600 N  |  | Amount of Each Disbursement this Period<br><b>128.55</b>             |
| City<br>HOWE  | State<br>IN  |  |
| Zip Code<br>46746   | Purpose of Disbursement<br>MILEAGE REIMBURSEMENT   | <b>Transaction ID : SB17.I1005</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>PRISOCK 3/11                                   |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LASSUS BROTHERS OIL CO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 04 / 2014</b> |
| Mailing Address 1800 MAGNAVOX WAY   |  | Amount of Each Disbursement this Period<br><b>10.37</b>              |
| City<br>FORT WAYNE  | State<br>IN  |  |
| Zip Code<br>46804   | Purpose of Disbursement<br>GAS   | <b>Transaction ID : SB17.I1068</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>PRISOCK 3/11                                   |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>163.93</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:<br>(check only one)          | PAGE 65 OF 124                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LASSUS BROTHERS OIL CO</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 04 / 2014  |
| Mailing Address 1800 MAGNAVOX WAY  |  | Amount of Each Disbursement this Period<br>25.01               |
| City FORT WAYNE State IN Zip Code 46804  | Purpose of Disbursement<br>GAS   |  |
| 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) | Transaction ID : SB17.I1069<br><br>[MEMO ITEM]<br>PRISOCK 3/11 |
| State: District:   |  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DOV SASSOON</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014 |
| Mailing Address 18 OXFORD BLVD   |  | Amount of Each Disbursement this Period<br>1028.91            |
| City GREAT NECK State NY Zip Code 11023-2239   | Purpose of Disbursement<br>IN-KIND CONTRIBUTION  |   |
| 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) | Transaction ID : SB17.4759<br><br>FOOD & BEVERAGES            |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>414.78             |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement<br>REIMBURSEMENT (SEE BELOW)   |   |
| 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) | Transaction ID : SB17.I1012                                   |
| State: District:   |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1443.69 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 66 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 22 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>125.99             |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1070                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 25 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>6.32               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1071                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 07 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>14.46              |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1072                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <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:<br>(check only one)  | PAGE 67 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>6.33               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1073                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 09 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>6.33               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1075                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 16 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>129.95             |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1143                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 68 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 17 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>28.93              |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1144                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>15.76              |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1145                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>5.82               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1146                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <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:<br>(check only one)          |                                    | PAGE 69 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |                                       |   |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T</b>  |                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 08 / 2013 |
| Mailing Address 208 SOUTH AKARD STREET   |                                       | Amount of Each Disbursement this Period<br>386.37             |
| City DALLAS State TX Zip Code 75202  | Purpose of Disbursement<br>PHONE BILL |   |
| Candidate Name   | Category/Type                         | Transaction ID : SB17.I1074                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                       |   |
| State: District:   |                                       | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |                                       |   |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T</b>  |                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br>12 / 30 / 2013 |
| Mailing Address 208 SOUTH AKARD STREET   |                                       | Amount of Each Disbursement this Period<br>44.94              |
| City DALLAS State TX Zip Code 75202  | Purpose of Disbursement<br>PHONE BILL |   |
| Candidate Name   | Category/Type                         | Transaction ID : SB17.I1147                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |                                       |   |
| State: District:   |                                       | [MEMO ITEM]<br>STANSFIELD 1/13                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 14 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>386.37             |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement<br>REIMBURSEMENT (SEE BELOW) |   |
| Candidate Name   | Category/Type  | Transaction ID : SB17.I1013                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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).....      | 386.37 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 70 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 04 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>7.80               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1149                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 07 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>5.82               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1150                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 04 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>5.76               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1153                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                                |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <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:<br>(check only one)  | PAGE 71 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 12 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>9.66               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1154                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 18 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>5.76               |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1155                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                                |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMY STANSFIELD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>119.78             |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |   |
| Candidate Name   |  | Transaction ID : SB17.I1156                                   |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                                |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <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:<br>(check only one)  | PAGE 72 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AMY STANSFIELD</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 25 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>14.63         |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |  |
| Candidate Name   |  | Transaction ID : SB17.I1157                              |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                           |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AMY STANSFIELD</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>02 / 26 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>9.66          |
| City FISHERS State IN Zip Code 46207   | Purpose of Disbursement MILEAGE REIMBURSEMENT  |  |
| Candidate Name   |  | Transaction ID : SB17.I1158                              |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                           |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AT&amp;T</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>01 / 03 / 2014 |
| Mailing Address 208 SOUTH AKARD STREET   |  | Amount of Each Disbursement this Period<br>29.95         |
| City DALLAS State TX Zip Code 75202  | Purpose of Disbursement PHONE BILL   |  |
| Candidate Name   |  | Transaction ID : SB17.I1148                              |
| 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  | [MEMO ITEM]<br>STANSFIELD 3/14                           |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <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:<br>(check only one)  | PAGE 73 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AT&amp;T</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014 |
| Mailing Address 208 SOUTH AKARD STREET   |  | Amount of Each Disbursement this Period<br>30.69              |
| City DALLAS State TX Zip Code 75202  | Purpose of Disbursement<br>PHONE BILL  |   |
| Candidate Name   | Category/Type  | <b>Transaction ID : SB17.I1151</b>                            |
| 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>[MEMO ITEM]</b><br>STANSFIELD 3/14                         |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 01 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>1930.00            |
| City FISHERS State IN Zip Code 46037   | Purpose of Disbursement<br>FUNDRAISING CONSULTING  |   |
| Candidate Name   | Category/Type  | <b>Transaction ID : SB17.I1076</b>                            |
| 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)<br><b>C. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 16 / 2014 |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br>1930.00            |
| City FISHERS State IN Zip Code 46037   | Purpose of Disbursement<br>FUNDRAISING CONSULTING  |   |
| Candidate Name   | Category/Type  | <b>Transaction ID : SB17.I1077</b>                            |
| 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).....      | 3860.00 |
| <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 74 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 01 / 2014</b>                            |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br><b>1930.00</b><br><b>Transaction ID : SB17.I1078</b> |
| City FISHERS State IN Zip Code 46037   | Purpose of Disbursement FUNDRAISING CONSULTING   |   |
| 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)<br><b>B. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 16 / 2014</b>                            |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br><b>1930.00</b><br><b>Transaction ID : SB17.I1079</b> |
| City FISHERS State IN Zip Code 46037   | Purpose of Disbursement FUNDRAISING CONSULTING   |   |
| 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)<br><b>C. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 01 / 2014</b>                            |
| Mailing Address 10159 OUTRIGGER LANE   |  | Amount of Each Disbursement this Period<br><b>1930.00</b><br><b>Transaction ID : SB17.I1080</b> |
| City FISHERS State IN Zip Code 46037   | Purpose of Disbursement FUNDRAISING CONSULTING   |   |
| 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:<br>(check only one)          |                                    | PAGE 75 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 16 / 2014</b> |
| Mailing Address <b>10159 OUTRIGGER LANE</b>  |  | Amount of Each Disbursement this Period<br><b>1930.00</b>            |
| City <b>FISHERS</b> State <b>IN</b> Zip Code <b>46037</b>  | Purpose of Disbursement<br><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) | <b>Transaction ID : SB17.I1081</b>                                   |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AES DEVELOPMENT, LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b> |
| Mailing Address <b>10159 OUTRIGGER LANE</b>  |  | Amount of Each Disbursement this Period<br><b>1930.00</b>            |
| City <b>FISHERS</b> State <b>IN</b> Zip Code <b>46037</b>  | Purpose of Disbursement<br><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) | <b>Transaction ID : SB17.I1163</b>                                   |
| State: District:   |  |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ALLY FINANCIAL</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 28 / 2014</b> |
| Mailing Address <b>P.O. BOX 380901</b>   |  | Amount of Each Disbursement this Period<br><b>2510.26</b>            |
| City <b>BLOOMINGTON</b> State <b>MN</b> Zip Code <b>55438</b>  | Purpose of Disbursement<br><b>AUTO PAYMENT</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) | <b>Transaction ID : SB17.I1082</b>                                   |
| State: District:   |  |  |

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|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>6370.26</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 76 OF 124                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ALLY FINANCIAL</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 27 / 2014                            |
| Mailing Address P.O. BOX 380901  |   | Amount of Each Disbursement this Period<br>1272.63<br><b>Transaction ID : SB17.I1083</b> |
| City<br>BLOOMINGTON  | State<br>MN   |  |
| Zip Code<br>55438  | Purpose of Disbursement<br>AUTO PAYMENT   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMTRAK</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014                           |
| Mailing Address 50 MASSACHUSETTS AVE NW  |   | Amount of Each Disbursement this Period<br>385.00<br><b>Transaction ID : SB17.I1084</b> |
| City<br>WASHINGTON   | State<br>DC   |   |
| Zip Code<br>20002  | Purpose of Disbursement<br>TRAVEL - RAILFARE  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AT&amp;T</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                          |
| Mailing Address 208 SOUTH AKARD STREET   |   | Amount of Each Disbursement this Period<br>32.09<br><b>Transaction ID : SB17.I1087</b> |
| City<br>DALLAS   | State<br>TX   |  |
| Zip Code<br>75202  | Purpose of Disbursement<br>PHONE SERVICES   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1689.72 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 77 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AVANGATE</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 18 / 2014</b>                           |
| Mailing Address <b>555 TWIN DOLPHIN DR._X000D_SUITE</b>  |   | Amount of Each Disbursement this Period<br><b>299.95</b><br><b>Transaction ID : SB17.I1088</b> |
| City<br><b>REDWOOD CITY</b>  | State<br><b>CA</b>  |  |
| Zip Code<br><b>94065</b>   | Purpose of Disbursement<br><b>WEBSITE SERVICES</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

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|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. BEST BUY</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b>                          |
| Mailing Address <b>737 NORTHCREST SHOPPING CTR</b>   |   | Amount of Each Disbursement this Period<br><b>20.31</b><br><b>Transaction ID : SB17.I1090</b> |
| City<br><b>FORT WAYNE</b>  | State<br><b>IN</b>  |   |
| Zip Code<br><b>46805</b>   | Purpose of Disbursement<br><b>OFFICE SUPPLIES</b>   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BIAGGIS RISTORANTE ITALIANO</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 19 / 2014</b>                           |
| Mailing Address <b>4010 W JEFFERSON BLVD</b>   |   | Amount of Each Disbursement this Period<br><b>510.00</b><br><b>Transaction ID : SB17.I1091</b> |
| City<br><b>FORT WAYNE</b>  | State<br><b>IN</b>  |  |
| Zip Code<br><b>46804</b>   | Purpose of Disbursement<br><b>FOOD &amp; BEVERAGES</b>  | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>830.26</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:<br>(check only one)  | PAGE 78 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |                          |  |  |  |
|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BIAGGIS RISTORANTE ITALIANO</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 19 / 2014</b> |  |  |
| Mailing Address <b>4010 W JEFFERSON BLVD</b>  |  |                          | Amount of Each Disbursement this Period<br><b>45.00</b>              |  |  |
| City<br><b>FORT WAYNE</b>   | State<br><b>IN</b>   | Zip Code<br><b>46804</b> | Transaction ID : <b>SB17.I1092</b>                                   |  |  |
| Purpose of Disbursement<br><b>FOOD &amp; BEVERAGES</b>  |  | Category/<br>Type        |  |  |  |
| Candidate Name  |  |                          |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |  |
| State: District:  |  |                          |  |  |  |

|   |  |                          |  |  |  |
|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BILL.COM</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 28 / 2014</b> |  |  |
| Mailing Address <b>3200 ASH STREET</b>  |  |                          | Amount of Each Disbursement this Period<br><b>58.21</b>              |  |  |
| City<br><b>PALO ALTO</b>  | State<br><b>CA</b>   | Zip Code<br><b>94306</b> | Transaction ID : <b>SB17.I1093</b>                                   |  |  |
| Purpose of Disbursement<br><b>PAYABLES SERVICE</b>  |  | Category/<br>Type        |  |  |  |
| Candidate Name  |  |                          |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |  |
| State: District:  |  |                          |  |  |  |

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|---|--|--------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. BILL.COM</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b> |  |  |
| Mailing Address <b>3200 ASH STREET</b>  |  |                          | Amount of Each Disbursement this Period<br><b>54.65</b>              |  |  |
| City<br><b>PALO ALTO</b>  | State<br><b>CA</b>   | Zip Code<br><b>94306</b> | Transaction ID : <b>SB17.I1094</b>                                   |  |  |
| Purpose of Disbursement<br><b>PAYABLES SERVICE</b>  |  | Category/<br>Type        |  |  |  |
| Candidate Name  |  |                          |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |  |  |  |
| State: District:  |  |                          |  |  |  |

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|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>157.86</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:<br>(check only one)  | PAGE 79 OF 124 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BILL.COM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014 |
| Mailing Address 3200 ASH STREET   |  | Amount of Each Disbursement this Period<br>56.92              |
| City PALO ALTO  | State CA   |   |
| Zip Code 94306  | Purpose of Disbursement<br>PAYABLES SERVICE  | Transaction ID : SB17.I1095                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 10 / 2014 |
| Mailing Address 7704 LEESBURG PIKE  |  | Amount of Each Disbursement this Period<br>825.00             |
| City FALLS CHURCH   | State VA   |   |
| Zip Code 22043  | Purpose of Disbursement<br>DATABASE SERVICES   | Transaction ID : SB17.I1100                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CMDI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2014 |
| Mailing Address 7704 LEESBURG PIKE  |  | Amount of Each Disbursement this Period<br>825.00             |
| City FALLS CHURCH   | State VA   |   |
| Zip Code 22043  | Purpose of Disbursement<br>DATABASE SERVICES   | Transaction ID : SB17.I1101                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1706.92 |
| <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:<br>(check only one)  | PAGE 80 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CMDI</b>   |                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 11 / 2014</b>                           |
| Mailing Address <b>7704 LEESBURG PIKE</b>   |                                       | Amount of Each Disbursement this Period<br><b>800.00</b><br><b>Transaction ID : SB17.I1102</b> |
| City <b>FALLS CHURCH</b>  | State <b>VA</b> Zip Code <b>22043</b> |  |
| Purpose of Disbursement<br><b>DATABASE SERVICES</b>   | Candidate Name                        | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                       |  |
| State: District:  |                                       |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CONGRESSIONAL CLUB</b>   |                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 23 / 2014</b>                           |
| Mailing Address <b>2001 NEW HAMPSHIRE AVE NW</b>  |                                       | Amount of Each Disbursement this Period<br><b>150.00</b><br><b>Transaction ID : SB17.I1103</b> |
| City <b>WASHINGTON</b>  | State <b>DC</b> Zip Code <b>20009</b> |  |
| Purpose of Disbursement<br><b>MEMBERSHIP</b>  | Candidate Name                        | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                       |  |
| State: District:  |                                       |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CONSTANT CONTACT</b>   |                                       | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 09 / 2014</b>                           |
| Mailing Address <b>1601 TRAPELO RD</b>  |                                       | Amount of Each Disbursement this Period<br><b>195.00</b><br><b>Transaction ID : SB17.I1104</b> |
| City <b>WALTHAM</b>   | State <b>MA</b> Zip Code <b>02451</b> |  |
| Purpose of Disbursement<br><b>E-MAIL SERVICE</b>  | Candidate Name                        | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |                                       |  |
| State: District:  |                                       |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1145.00</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:<br>(check only one)  | PAGE 81 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CONSTANT CONTACT</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 07 / 2014</b>                           |
| Mailing Address <b>1601 TRAPELO RD</b>   |  | Amount of Each Disbursement this Period<br><b>110.00</b><br><b>Transaction ID : SB17.I1106</b> |
| City <b>WALTHAM</b> State <b>MA</b> Zip Code <b>02451</b>  | Purpose of Disbursement<br><b>E-MAIL SERVICE</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)<br><b>B. CONSTANT CONTACT</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 07 / 2014</b>                           |
| Mailing Address <b>1601 TRAPELO RD</b>   |  | Amount of Each Disbursement this Period<br><b>110.00</b><br><b>Transaction ID : SB17.I1107</b> |
| City <b>WALTHAM</b> State <b>MA</b> Zip Code <b>02451</b>  | Purpose of Disbursement<br><b>E-MAIL SERVICE</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)<br><b>C. CRACKER BARREL</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 21 / 2014</b>                          |
| Mailing Address <b>305 HARTMANN DR</b>   |  | Amount of Each Disbursement this Period<br><b>28.72</b><br><b>Transaction ID : SB17.I1108</b> |
| City <b>LEBANON</b> State <b>TN</b> Zip Code <b>37088</b>  | Purpose of Disbursement<br><b>FOOD &amp; BEVERAGES</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>248.72</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:<br>(check only one)  | PAGE 82 OF 124 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DELTA AIR LINES INC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 15 / 2014                           |
| Mailing Address P.O. BOX 20706   |  | Amount of Each Disbursement this Period<br>257.00<br><b>Transaction ID : SB17.I1109</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)<br><b>B. DELTA AIR LINES INC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 31 / 2014                           |
| Mailing Address P.O. BOX 20706   |  | Amount of Each Disbursement this Period<br>385.00<br><b>Transaction ID : SB17.I1110</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)<br><b>C. DELTA AIR LINES INC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                           |
| Mailing Address P.O. BOX 20706   |  | Amount of Each Disbursement this Period<br>420.00<br><b>Transaction ID : SB17.I1111</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).....      | 1062.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 83 OF 124                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DELTA AIR LINES INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                           |
| Mailing Address P.O. BOX 20706  |  |                   | Amount of Each Disbursement this Period<br>420.00<br><b>Transaction ID : SB17.I1112</b> |
| City<br>ATLANTA   | State<br>GA  | Zip Code<br>30320 |   |
| Purpose of Disbursement<br>AIRFARE  | Candidate Name   |                   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DELTA AIR LINES INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                           |
| Mailing Address P.O. BOX 20706  |  |                   | Amount of Each Disbursement this Period<br>145.00<br><b>Transaction ID : SB17.I1113</b> |
| City<br>ATLANTA   | State<br>GA  | Zip Code<br>30320 |   |
| Purpose of Disbursement<br>AIRFARE  | Candidate Name   |                   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DELTA AIR LINES INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                           |
| Mailing Address P.O. BOX 20706  |  |                   | Amount of Each Disbursement this Period<br>145.00<br><b>Transaction ID : SB17.I1114</b> |
| City<br>ATLANTA   | State<br>GA  | Zip Code<br>30320 |   |
| Purpose of Disbursement<br>AIRFARE  | Candidate Name   |                   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 710.00 |
| <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:<br>(check only one)          | PAGE 84 OF 124                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DELTA AIR LINES INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                           |
| Mailing Address P.O. BOX 20706  |  |                   | Amount of Each Disbursement this Period<br>665.00<br><b>Transaction ID : SB17.I1115</b> |
| City<br>ATLANTA   | State<br>GA  | Zip Code<br>30320 |   |
| Purpose of Disbursement<br>AIRFARE  | Candidate Name   |                   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. DELTA AIR LINES INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2014                           |
| Mailing Address P.O. BOX 20706  |  |                   | Amount of Each Disbursement this Period<br>260.00<br><b>Transaction ID : SB17.I1116</b> |
| City<br>ATLANTA   | State<br>GA  | Zip Code<br>30320 |   |
| Purpose of Disbursement<br>AIRFARE  | Candidate Name   |                   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. DELTA AIR LINES INC</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2014                           |
| Mailing Address P.O. BOX 20706  |  |                   | Amount of Each Disbursement this Period<br>260.00<br><b>Transaction ID : SB17.I1117</b> |
| City<br>ATLANTA   | State<br>GA  | Zip Code<br>30320 |   |
| Purpose of Disbursement<br>AIRFARE  | Candidate Name   |                   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  |  |                   |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 665.00 |
| <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:<br>(check only one)          | PAGE 85 OF 124                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. DELTA AIR LINES INC</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2014                           |
| Mailing Address P.O. BOX 20706   |  | Amount of Each Disbursement this Period<br>260.00<br><b>Transaction ID : SB17.I1118</b> |
| City ATLANTA   | State GA Zip Code 30320  |   |
| Purpose of Disbursement<br>AIRFARE                                       | Category/Type  |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |   |
| State: District:   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. EDDIE MERLOTS</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014                           |
| Mailing Address 1502 ILLINOIS RD S                                 |  | Amount of Each Disbursement this Period<br>148.03<br><b>Transaction ID : SB17.I1121</b> |
| City FORT WAYNE  | State IN Zip Code 46804  |   |
| Purpose of Disbursement<br>EVENT CATERING EXPENSE                  | Category/Type  |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |   |
| State: District:   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. EDDIE MERLOTS</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 26 / 2014                           |
| Mailing Address 1502 ILLINOIS RD S                                 |  | Amount of Each Disbursement this Period<br>121.00<br><b>Transaction ID : SB17.I1122</b> |
| City FORT WAYNE  | State IN Zip Code 46804  |   |
| Purpose of Disbursement<br>EVENT CATERING EXPENSE                  | Category/Type  |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President          |   |
| State: District:   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 529.03 |
| <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:<br>(check only one)          | PAGE 86 OF 124                     |                                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. ELECTION CFO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 21 / 2014</b>                            |
| Mailing Address <b>P.O. BOX 26141</b>   |  | Amount of Each Disbursement this Period<br><b>3017.50</b><br>Transaction ID : <b>SB17.I1123</b> |
| City <b>ALEXANDRIA</b>  | State <b>VA</b> Zip Code <b>22313</b>  |   |
| Purpose of Disbursement<br><b>COMPLIANCE CONSULTING</b>   | Candidate Name   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FEDEX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 22 / 2014</b>                          |
| Mailing Address <b>942 S SHADY GROVE RD</b>   |  | Amount of Each Disbursement this Period<br><b>13.06</b><br>Transaction ID : <b>SB17.I1124</b> |
| City <b>MEMPHIS</b>   | State <b>TN</b> Zip Code <b>38120</b>  |   |
| Purpose of Disbursement<br><b>SHIPPING</b>  | Candidate Name   | Category/<br>Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FEDEX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 24 / 2014</b>                         |
| Mailing Address <b>942 S SHADY GROVE RD</b>   |  | Amount of Each Disbursement this Period<br><b>8.67</b><br>Transaction ID : <b>SB17.I1125</b> |
| City <b>MEMPHIS</b>   | State <b>TN</b> Zip Code <b>38120</b>  |  |
| Purpose of Disbursement<br><b>SHIPPING</b>  | Candidate Name   | Category/<br>Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3039.23</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:<br>(check only one)  | PAGE 87 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FEDEX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 06 / 2014 |
| Mailing Address 942 S SHADY GROVE RD   |  | Amount of Each Disbursement this Period<br>32.00              |
| City MEMPHIS   | State TN   |   |
| Zip Code 38120   | Purpose of Disbursement SHIPPING   | Transaction ID : SB17.I1126                                   |
| 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)<br><b>B. GULA GRAHAM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2014 |
| Mailing Address 499 S CAPITOL ST SW STE 420  |  | Amount of Each Disbursement this Period<br>3208.98            |
| City WASHINGTON  | State DC   |   |
| Zip Code 20003   | Purpose of Disbursement FUNDRAISING CONSULTING   | Transaction ID : SB17.I1131                                   |
| 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)<br><b>C. GULA GRAHAM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014 |
| Mailing Address 499 S CAPITOL ST SW STE 420  |  | Amount of Each Disbursement this Period<br>1212.85            |
| City WASHINGTON  | State DC   |   |
| Zip Code 20003   | Purpose of Disbursement FUNDRAISING CONSULTANT EXPENSES  | Transaction ID : SB17.I1132                                   |
| 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).....      | 4453.83 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 88 OF 124                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. GULA GRAHAM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014 |
| Mailing Address 499 S CAPITOL ST SW STE 420  |  | Amount of Each Disbursement this Period<br>6010.00            |
| City WASHINGTON State DC Zip Code 20003  | Purpose of Disbursement<br>FUNDRAISING CONSULTING  |   |
| Candidate Name   |  | Transaction ID : SB17.I1133                                   |
| 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)<br><b>B. GULA GRAHAM</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 10 / 2014 |
| Mailing Address 499 S CAPITOL ST SW STE 420  |  | Amount of Each Disbursement this Period<br>1041.20            |
| City WASHINGTON State DC Zip Code 20003  | Purpose of Disbursement<br>FUNDRAISING CONSULTANT EXPENSES   |   |
| Candidate Name   |  | Transaction ID : SB17.I1134                                   |
| 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)<br><b>C. HAMPTON INN</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 19 / 2014 |
| Mailing Address 7930 JONES BRANCH DR   |  | Amount of Each Disbursement this Period<br>149.87             |
| City MCLEAN State VA Zip Code 22102  | Purpose of Disbursement<br>ACCOMODATIONS   |   |
| Candidate Name   |  | Transaction ID : SB17.I1135                                   |
| 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  |   |

|   |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7201.07 |
| <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:<br>(check only one)  | PAGE 89 OF 124 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. HITE AUTO BODY INC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 17 / 2014                           |
| Mailing Address 0180 W. US HWY 20  |  | Amount of Each Disbursement this Period<br>458.95<br><b>Transaction ID : SB17.I1136</b> |
| City LAGRANGE State IN Zip Code 46761  | Purpose of Disbursement LEASED AUTO EXPENSE  |   |
| 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)<br><b>B. HOUSE MEMBERS DINING ROOM</b>                                   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 28 / 2014                          |
| Mailing Address US HOUSE OF REPRESENTATIVES  |  | Amount of Each Disbursement this Period<br>92.55<br><b>Transaction ID : SB17.I1137</b> |
| City WASHINGTON State DC Zip Code 20515  | Purpose of Disbursement FOOD & BEVERAGES   |  |
| 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)<br><b>C. HOWE TRAVEL PLAZA</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 06 / 2014                          |
| Mailing Address 50 W 750 N   |  | Amount of Each Disbursement this Period<br>71.00<br><b>Transaction ID : SB17.I1138</b> |
| City HOWE State IN Zip Code 46746  | Purpose of Disbursement GAS  |  |
| 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).....      | 622.50 |
| <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:<br>(check only one)          |                                    | PAGE 90 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

**A. HOWE TRAVEL PLAZA**

Full Name (Last, First, Middle Initial)  
Mailing Address 50 W 750 N

City HOWE State IN Zip Code 46746

Purpose of Disbursement GAS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 24 / 2014

Amount of Each Disbursement this Period: 48.50

Transaction ID : SB17.I1139

**B. HYATT**

Full Name (Last, First, Middle Initial)  
Mailing Address 1 S CAPITOL AVE

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement TRAVEL - LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2014

Amount of Each Disbursement this Period: 36.09

Transaction ID : SB17.I1141

**C. INDIANA BUREAU OF MOTOR VEHICLES**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 N SENATE AVE

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement VEHICLE REGISTRATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2014

Amount of Each Disbursement this Period: 333.17

Transaction ID : SB17.I1142

**SUBTOTAL** of Disbursements This Page (optional)..... 417.76

**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:<br>(check only one)  | PAGE 91 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. INDIANA DEPARTMENT OF REVENUE</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 05 / 2014</b> |
| Mailing Address <b>P.O. BOX 595</b>   |  | Amount of Each Disbursement this Period<br><b>474.11</b>             |
| City<br><b>INDIANAPOLIS</b>   | State<br><b>IN</b>   |  |
| Zip Code<br><b>46207</b>  | Purpose of Disbursement<br><b>EMPLOYER PAYROLL TAXES</b>   | <b>Transaction ID : SB17.I941</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. INDIANA FEDERATION OF YOUNG REPUBLICANS INC</b>                          |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 31 / 2014</b> |
| Mailing Address <b>47 S MERIDIAN ST FL 2</b>  |  | Amount of Each Disbursement this Period<br><b>1000.00</b>            |
| City<br><b>INDIANAPOLIS</b>   | State<br><b>IN</b>   |  |
| Zip Code<br><b>46204</b>  | Purpose of Disbursement<br><b>EVENT SPONSORSHIP</b>  | <b>Transaction ID : SB17.I942</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. INDIANA REPUBLICAN PARTY</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 20 / 2014</b> |
| Mailing Address <b>47 S MERIDIAN ST FL 2</b>  |  | Amount of Each Disbursement this Period<br><b>5000.00</b>            |
| City<br><b>INDIANAPOLIS</b>   | State<br><b>IN</b>   |  |
| Zip Code<br><b>46204</b>  | Purpose of Disbursement<br><b>STATE PARTY</b>  | <b>Transaction ID : SB17.I943</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>6474.11</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 92 OF 124                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. INDIANA TOLL ROAD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 08 / 2014</b> |
| Mailing Address <b>52551 ASH RD</b>   |  | Amount of Each Disbursement this Period<br><b>32.03</b>              |
| City<br><b>GRANGER</b>  | State<br><b>IN</b>   |  |
| Zip Code<br><b>46530</b>  | Purpose of Disbursement<br><b>TOLLS</b>  | <b>Transaction ID : SB17.I944</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. INDIANA TOLL ROAD</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 10 / 2014</b> |
| Mailing Address <b>52551 ASH RD</b>   |  | Amount of Each Disbursement this Period<br><b>47.90</b>              |
| City<br><b>GRANGER</b>  | State<br><b>IN</b>   |  |
| Zip Code<br><b>46530</b>  | Purpose of Disbursement<br><b>TOLLS</b>  | <b>Transaction ID : SB17.I945</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. INN AT GREAT NECK</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b> |
| Mailing Address <b>30 CUTTER MILL RD.</b>   |  | Amount of Each Disbursement this Period<br><b>207.62</b>             |
| City<br><b>GREAT NECK</b>   | State<br><b>NY</b>   |  |
| Zip Code<br><b>11021</b>  | Purpose of Disbursement<br><b>ACCOMMODATIONS</b>   | <b>Transaction ID : SB17.I946</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>287.55</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:<br>(check only one)  | PAGE 93 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. INTUIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 09 / 2014 |
| Mailing Address 2632 MARINE WAY   |  | Amount of Each Disbursement this Period<br>9.95               |
| City<br>MOUNTAIN VIEW   | State<br>CA  |   |
| Zip Code<br>94043   | Purpose of Disbursement<br>SOFTWARE  | <b>Transaction ID : SB17.I947</b>                             |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. INTUIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 21 / 2014 |
| Mailing Address 2632 MARINE WAY   |  | Amount of Each Disbursement this Period<br>42.75              |
| City<br>MOUNTAIN VIEW   | State<br>CA  |   |
| Zip Code<br>94043   | Purpose of Disbursement<br>SOFTWARE  | <b>Transaction ID : SB17.I948</b>                             |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. INTUIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 10 / 2014 |
| Mailing Address 2632 MARINE WAY   |  | Amount of Each Disbursement this Period<br>9.95               |
| City<br>MOUNTAIN VIEW   | State<br>CA  |   |
| Zip Code<br>94043   | Purpose of Disbursement<br>SOFTWARE  | <b>Transaction ID : SB17.I949</b>                             |
| Candidate Name  | Category/<br>Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 62.65 |
| <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:<br>(check only one)  | PAGE 94 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. INTUIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 21 / 2014</b> |
| Mailing Address <b>2632 MARINE WAY</b>  |  | Amount of Each Disbursement this Period<br><b>42.75</b>              |
| City<br><b>MOUNTAIN VIEW</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94043</b>  | Purpose of Disbursement<br><b>SOFTWARE</b>   | <b>Transaction ID : SB17.I950</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. INTUIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 10 / 2014</b> |
| Mailing Address <b>2632 MARINE WAY</b>  |  | Amount of Each Disbursement this Period<br><b>9.95</b>               |
| City<br><b>MOUNTAIN VIEW</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94043</b>  | Purpose of Disbursement<br><b>SOFTWARE</b>   | <b>Transaction ID : SB17.I951</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. INTUIT</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 24 / 2014</b> |
| Mailing Address <b>2632 MARINE WAY</b>  |  | Amount of Each Disbursement this Period<br><b>42.75</b>              |
| City<br><b>MOUNTAIN VIEW</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94043</b>  | Purpose of Disbursement<br><b>SOFTWARE</b>   | <b>Transaction ID : SB17.I952</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>95.45</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:<br>(check only one)  | PAGE 95 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LASSUS BROTHERS OIL CO</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 24 / 2014 |  |  |
| Mailing Address 1800 MAGNAVOX WAY   |  |                   | Amount of Each Disbursement this Period<br>63.18              |  |  |
| City<br>FORT WAYNE  | State<br>IN  | Zip Code<br>46804 | Transaction ID : SB17.I958                                    |  |  |
| Purpose of Disbursement<br>GAS  |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State:  | District:  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LASSUS BROTHERS OIL CO</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 21 / 2014 |  |  |
| Mailing Address 1800 MAGNAVOX WAY   |  |                   | Amount of Each Disbursement this Period<br>77.50              |  |  |
| City<br>FORT WAYNE  | State<br>IN  | Zip Code<br>46804 | Transaction ID : SB17.I959                                    |  |  |
| Purpose of Disbursement<br>GAS  |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State:  | District:  |                   |   |  |  |

|   |  |                   |   |  |  |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LASSUS BROTHERS OIL CO</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |  |  |
| Mailing Address 1800 MAGNAVOX WAY   |  |                   | Amount of Each Disbursement this Period<br>49.11              |  |  |
| City<br>FORT WAYNE  | State<br>IN  | Zip Code<br>46804 | Transaction ID : SB17.I960                                    |  |  |
| Purpose of Disbursement<br>GAS  |  | Category/<br>Type |   |  |  |
| Candidate Name  |  |                   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |  |  |
| State:  | District:  |                   |   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 189.79 |
| <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:<br>(check only one)  | PAGE 96 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LASSUS BROTHERS OIL CO</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014 |  |  |
| Mailing Address 1800 MAGNAVOX WAY   |  |  | Amount of Each Disbursement this Period<br>37.34              |  |  |
| City<br>FORT WAYNE  | State<br>IN  | Zip Code<br>46804  | Transaction ID : SB17.I961                                    |  |  |
| Purpose of Disbursement<br>GAS  |  | Category/<br>Type  |   |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LIMESTONE STRATEGIES</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2014 |  |  |
| Mailing Address 12409 BREAN WAY   |  |  | Amount of Each Disbursement this Period<br>2677.88            |  |  |
| City<br>FISHERS   | State<br>IN  | Zip Code<br>46037  | Transaction ID : SB17.I962                                    |  |  |
| Purpose of Disbursement<br>PRINTING AND POSTAGE                           |  | Category/<br>Type  |   |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LIMESTONE STRATEGIES</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2014 |  |  |
| Mailing Address 12409 BREAN WAY   |  |  | Amount of Each Disbursement this Period<br>2974.46            |  |  |
| City<br>FISHERS   | State<br>IN  | Zip Code<br>46037  | Transaction ID : SB17.I963                                    |  |  |
| Purpose of Disbursement<br>PRINTING AND POSTAGE                           |  | Category/<br>Type  |   |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5689.68 |
| <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:<br>(check only one)  | PAGE 97 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MARATHON OIL</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014 |
| Mailing Address 5555 SAN FELIPE ROAD   |  | Amount of Each Disbursement this Period<br>60.00              |
| City HOUSTON State TX Zip Code 77056   | Purpose of Disbursement GAS  |   |
| Candidate Name   |  | Transaction ID : SB17.I965                                    |
| 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)<br><b>B. MARATHON OIL</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 25 / 2014 |
| Mailing Address 5555 SAN FELIPE ROAD   |  | Amount of Each Disbursement this Period<br>75.00              |
| City HOUSTON State TX Zip Code 77056   | Purpose of Disbursement GAS  |   |
| Candidate Name   |  | Transaction ID : SB17.I966                                    |
| 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)<br><b>C. MARK IT RED LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2014 |
| Mailing Address 6502 AMHERST WAY   |  | Amount of Each Disbursement this Period<br>15230.00           |
| City ZIONSVILLE State IN Zip Code 46077  | Purpose of Disbursement SURVEY RESEARCH  |   |
| Candidate Name   |  | Transaction ID : SB17.I967                                    |
| 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).....      | 15365.00 |
| <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:<br>(check only one)  | PAGE 98 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARRIOTT</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2014                        |
| Mailing Address 10400 FERNWOOD RD  |   | Amount of Each Disbursement this Period<br>7.00<br><b>Transaction ID : SB17.I968</b> |
| City<br>BETHESDA   | State<br>MD   |  |
| Zip Code<br>20817  | Purpose of Disbursement<br>FOOD & BEVERAGES   | Category/<br>Type  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. MERCHANT E-SOLUTIONS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 03 / 2014                         |
| Mailing Address 3600 BRIDGE PKWY, SUITE 102<br>SUITE 102   |   | Amount of Each Disbursement this Period<br>84.95<br><b>Transaction ID : SB17.I976</b> |
| City<br>REDWOOD CITY   | State<br>CA   |   |
| Zip Code<br>94065  | Purpose of Disbursement<br>CC PROCESSING  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. MERCHANT E-SOLUTIONS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 03 / 2014                         |
| Mailing Address 3600 BRIDGE PKWY, SUITE 102<br>SUITE 102   |   | Amount of Each Disbursement this Period<br>55.00<br><b>Transaction ID : SB17.I977</b> |
| City<br>REDWOOD CITY   | State<br>CA   |   |
| Zip Code<br>94065  | Purpose of Disbursement<br>CC PROCESSING  | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 146.95 |
| <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:<br>(check only one)  | PAGE 99 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MERCHANT E-SOLUTIONS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |
| Mailing Address 3600 BRIDGE PKWY, SUITE 102<br>SUITE 102   |  | Amount of Each Disbursement this Period<br>55.46              |
| City REDWOOD CITY  | State CA Zip Code 94065  |   |
| Purpose of Disbursement<br>CC PROCESSING   | Category/Type  | <b>Transaction ID : SB17.I978</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)<br><b>B. MJM DESIGN</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 13 / 2014 |
| Mailing Address 5565 WASHINGTON BLVD   |  | Amount of Each Disbursement this Period<br>500.00             |
| City INDIANAPOLIS  | State IN Zip Code 46220  |   |
| Purpose of Disbursement<br>PRINTING  | Category/Type  | <b>Transaction ID : SB17.I980</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)<br><b>C. MURPHY GAS</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014 |
| Mailing Address P.O. BOX 7300  |  | Amount of Each Disbursement this Period<br>57.48              |
| City EL DORADO   | State AR Zip Code 71731  |   |
| Purpose of Disbursement<br>GAS   | Category/Type  | <b>Transaction ID : SB17.I983</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:   |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 612.94 |
| <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:<br>(check only one)          |                                    | PAGE 100 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MURPHY GAS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 19 / 2014</b> |
| Mailing Address <b>P.O. BOX 7300</b>  |  | Amount of Each Disbursement this Period<br><b>64.00</b>              |
| City<br><b>EL DORADO</b>  | State<br><b>AR</b>   |  |
| Zip Code<br><b>71731</b>  | Purpose of Disbursement<br><b>GAS</b>  | <b>Transaction ID : SB17.I984</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MURPHY GAS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 21 / 2014</b> |
| Mailing Address <b>P.O. BOX 7300</b>  |  | Amount of Each Disbursement this Period<br><b>75.00</b>              |
| City<br><b>EL DORADO</b>  | State<br><b>AR</b>   |  |
| Zip Code<br><b>71731</b>  | Purpose of Disbursement<br><b>GAS</b>  | <b>Transaction ID : SB17.I985</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. NEW HAVEN PRINT &amp; COPY</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 13 / 2014</b> |
| Mailing Address <b>7531 INDIANA 930 EAST</b>  |  | Amount of Each Disbursement this Period<br><b>2991.06</b>            |
| City<br><b>FORT WAYNE</b>   | State<br><b>IN</b>   |  |
| Zip Code<br><b>46803</b>  | Purpose of Disbursement<br><b>PRINTING</b>   | <b>Transaction ID : SB17.I988</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>3130.06</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:<br>(check only one)  | PAGE 101 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. NYC TAXI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014 |
| Mailing Address 33 BEAVER ST  |  | Amount of Each Disbursement this Period<br>38.44              |
| City<br>NEW YORK  | State<br>NY  |   |
| Zip Code<br>10004   | Purpose of Disbursement<br>TAXIFARE  | Transaction ID : SB17.I991                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. NYC TAXI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 12 / 2014 |
| Mailing Address 33 BEAVER ST  |  | Amount of Each Disbursement this Period<br>13.00              |
| City<br>NEW YORK  | State<br>NY  |   |
| Zip Code<br>10004   | Purpose of Disbursement<br>TRANSPORTATION SERVICES   | Transaction ID : SB17.I992                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. NYC TAXI</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2014 |
| Mailing Address 33 BEAVER ST  |  | Amount of Each Disbursement this Period<br>14.30              |
| City<br>NEW YORK  | State<br>NY  |   |
| Zip Code<br>10004   | Purpose of Disbursement<br>TRANSPORTATION SERVICES   | Transaction ID : SB17.I993                                    |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 65.74 |
| <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:<br>(check only one)          |                                    | PAGE 102 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. OFFICEMAX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 28 / 2014</b> |
| Mailing Address <b>263 SHUMAN BLVD</b>  |  | Amount of Each Disbursement this Period<br><b>66.77</b>              |
| City<br><b>NAPERVILLE</b>   | State<br><b>IL</b>   |  |
| Zip Code<br><b>60563</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</b>  | <b>Transaction ID : SB17.I996</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. OFFICEMAX</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 06 / 2014</b> |
| Mailing Address <b>263 SHUMAN BLVD</b>  |  | Amount of Each Disbursement this Period<br><b>179.21</b>             |
| City<br><b>NAPERVILLE</b>   | State<br><b>IL</b>   |  |
| Zip Code<br><b>60563</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</b>  | <b>Transaction ID : SB17.I997</b>                                    |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PILOT TRAVEL CENTERS LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 31 / 2014</b> |
| Mailing Address <b>5508 LONAS DR</b>  |  | Amount of Each Disbursement this Period<br><b>75.01</b>              |
| City<br><b>KNOXVILLE</b>  | State<br><b>TN</b>   |  |
| Zip Code<br><b>37909</b>  | Purpose of Disbursement<br><b>GAS</b>  | <b>Transaction ID : SB17.I1002</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>320.99</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:<br>(check only one)          |                                    | PAGE 103 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 08 / 2014</b>                         |
| Mailing Address <b>401 W 15TH ST STE 520</b>   |  | Amount of Each Disbursement this Period<br><b>8.13</b><br><b>Transaction ID : SB17.I1164</b> |
| City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78701</b>   | Purpose of Disbursement<br><b>CC PROCESSING</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)<br><b>B. PIRYX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 09 / 2014</b>                         |
| Mailing Address <b>401 W 15TH ST STE 520</b>   |  | Amount of Each Disbursement this Period<br><b>3.38</b><br><b>Transaction ID : SB17.I1165</b> |
| City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78701</b>   | Purpose of Disbursement<br><b>CC PROCESSING</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)<br><b>C. PIRYX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 10 / 2014</b>                         |
| Mailing Address <b>401 W 15TH ST STE 520</b>   |  | Amount of Each Disbursement this Period<br><b>1.13</b><br><b>Transaction ID : SB17.I1166</b> |
| City <b>AUSTIN</b> State <b>TX</b> Zip Code <b>78701</b>   | Purpose of Disbursement<br><b>CC PROCESSING</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>12.64</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:<br>(check only one)  | PAGE 104 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PIRYX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 22 / 2014                         |
| Mailing Address 401 W 15TH ST STE 520  |  | Amount of Each Disbursement this Period<br>2.25<br><b>Transaction ID : SB17.I1167</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement<br>CC PROCESSING   |   |
| 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)<br><b>B. PIRYX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 08 / 2014                         |
| Mailing Address 401 W 15TH ST STE 520  |  | Amount of Each Disbursement this Period<br>1.13<br><b>Transaction ID : SB17.I1168</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement<br>CC PROCESSING   |   |
| 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)<br><b>C. PIRYX</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 11 / 2014                         |
| Mailing Address 401 W 15TH ST STE 520  |  | Amount of Each Disbursement this Period<br>2.25<br><b>Transaction ID : SB17.I1169</b> |
| City AUSTIN State TX Zip Code 78701  | Purpose of Disbursement<br>CC PROCESSING   |   |
| 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).....      | 5.63 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 105 OF 124                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. SHELL OIL</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 21 / 2014 |
| Mailing Address ONE SHELL PLAZA  |  | Amount of Each Disbursement this Period<br>61.00              |
| City HOUSTON State TX Zip Code 77002   | Purpose of Disbursement GAS  |   |
| Candidate Name   |  | <b>Transaction ID : SB17.I1008</b>                            |
| 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)<br><b>B. SHELL OIL</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 27 / 2014 |
| Mailing Address ONE SHELL PLAZA  |  | Amount of Each Disbursement this Period<br>62.00              |
| City HOUSTON State TX Zip Code 77002   | Purpose of Disbursement GAS  |   |
| Candidate Name   |  | <b>Transaction ID : SB17.I1009</b>                            |
| 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)<br><b>C. SHELL OIL</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 27 / 2014 |
| Mailing Address ONE SHELL PLAZA  |  | Amount of Each Disbursement this Period<br>86.07              |
| City HOUSTON State TX Zip Code 77002   | Purpose of Disbursement GAS  |   |
| Candidate Name   |  | <b>Transaction ID : SB17.I1010</b>                            |
| 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).....      | 209.07 |
| <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:<br>(check only one)          |                                    | PAGE 106 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SPEEDWAY SUPERAMERICA LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 25 / 2014</b> |
| Mailing Address <b>P.O.BOX 1500</b>   |  | Amount of Each Disbursement this Period<br><b>68.20</b>              |
| City<br><b>SPRINGFIELD</b>  | State<br><b>OH</b>   |  |
| Zip Code<br><b>45501</b>  | Purpose of Disbursement<br><b>GAS</b>  | <b>Transaction ID : SB17.I1011</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STAPLES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 26 / 2014</b> |
| Mailing Address <b>500 STAPLES DR</b>   |  | Amount of Each Disbursement this Period<br><b>52.89</b>              |
| City<br><b>FRAMINGHAM</b>   | State<br><b>MA</b>   |  |
| Zip Code<br><b>01702</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLES</b>   | <b>Transaction ID : SB17.I1014</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SUN COUNTRY AIRLINES</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 24 / 2014</b> |
| Mailing Address <b>1300 MENDOTA HEIGHTS RD</b>  |  | Amount of Each Disbursement this Period<br><b>170.00</b>             |
| City<br><b>MENDOTA HEIGHTS</b>  | State<br><b>MN</b>   |  |
| Zip Code<br><b>55120</b>  | Purpose of Disbursement<br><b>TRAVEL - AIRFARE</b>   | <b>Transaction ID : SB17.I1018</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>291.09</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:<br>(check only one)          |                                    | PAGE 107 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SUN COUNTRY AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 24 / 2014</b> |
| Mailing Address <b>1300 MENDOTA HEIGHTS RD</b>   |  | Amount of Each Disbursement this Period<br><b>151.00</b>             |
| City <b>MENDOTA HEIGHTS</b> State <b>MN</b> Zip Code <b>55120</b>  | Purpose of Disbursement<br><b>TRAVEL - AIRFARE</b>   |  |
| Candidate Name   |  | <b>Transaction ID : SB17.I1019</b>                                   |
| 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)<br><b>B. SUN COUNTRY AIRLINES</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 24 / 2014</b> |
| Mailing Address <b>1300 MENDOTA HEIGHTS RD</b>   |  | Amount of Each Disbursement this Period<br><b>151.00</b>             |
| City <b>MENDOTA HEIGHTS</b> State <b>MN</b> Zip Code <b>55120</b>  | Purpose of Disbursement<br><b>TRAVEL - AIRFARE</b>   |  |
| Candidate Name   |  | <b>Transaction ID : SB17.I1020</b>                                   |
| 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)<br><b>C. SUNOCO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 06 / 2014</b> |
| Mailing Address <b>1735 MARKET STREET STE LL</b>   |  | Amount of Each Disbursement this Period<br><b>22.18</b>              |
| City <b>PHILADELPHIA</b> State <b>PA</b> Zip Code <b>19103</b>   | Purpose of Disbursement<br><b>GAS</b>  |  |
| Candidate Name   |  | <b>Transaction ID : SB17.I1021</b>                                   |
| 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).....      | <b>324.18</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:<br>(check only one)  | PAGE 108 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|   |  |                                       |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. SUREPAYROLL</b>  |  | Date of Disbursement                  |
| Mailing Address 2350 RAVINE WAY STE 100   |  | M M / D D / Y Y Y Y<br>01 / 01 / 2014 |
| City<br>GLENVIEW  | State<br>IL  | Zip Code<br>60025                     |
| Purpose of Disbursement<br>PAYROLL PROCESSING   | Amount of Each Disbursement this Period<br>43.76   |                                       |
| Candidate Name  | Transaction ID : SB17.I1022  |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                       |
| State: District:  | Category/<br>Type  |                                       |

|   |  |                                       |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. SUREPAYROLL</b>  |  | Date of Disbursement                  |
| Mailing Address 2350 RAVINE WAY STE 100   |  | M M / D D / Y Y Y Y<br>02 / 01 / 2014 |
| City<br>GLENVIEW  | State<br>IL  | Zip Code<br>60025                     |
| Purpose of Disbursement<br>PAYROLL PROCESSING   | Amount of Each Disbursement this Period<br>43.76   |                                       |
| Candidate Name  | Transaction ID : SB17.I1023  |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                       |
| State: District:  | Category/<br>Type  |                                       |

|   |  |                                       |
|---|--|---------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. SUREPAYROLL</b>  |  | Date of Disbursement                  |
| Mailing Address 2350 RAVINE WAY STE 100   |  | M M / D D / Y Y Y Y<br>03 / 01 / 2014 |
| City<br>GLENVIEW  | State<br>IL  | Zip Code<br>60025                     |
| Purpose of Disbursement<br>PAYROLL PROCESSING   | Amount of Each Disbursement this Period<br>43.76   |                                       |
| Candidate Name  | Transaction ID : SB17.I1024  |                                       |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                       |
| State: District:  | Category/<br>Type  |                                       |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 131.28 |
| <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:<br>(check only one)  | PAGE 109 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

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

Mailing Address 2350 RAVINE WAY STE 100

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement EMPLOYER PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 07 / 2014

Amount of Each Disbursement this Period: 84.00

Transaction ID : SB17.I1025

Full Name (Last, First, Middle Initial)  
**B. UNIVERSAL FOREST PRODUCTS, INC.**

Mailing Address 2505 MARINA DR

City ELKHART State IN Zip Code 46514

Purpose of Disbursement EVENT SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 28 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.I1028

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

Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2014

Amount of Each Disbursement this Period: 492.00

Transaction ID : SB17.I1029

**SUBTOTAL** of Disbursements This Page (optional) ..... 826.00

**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 110 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

**A. US AIRWAYS**

Full Name (Last, First, Middle Initial)  
Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 16 / 2014

Amount of Each Disbursement this Period: 246.00

Transaction ID : SB17.I1030

**B. US AIRWAYS**

Full Name (Last, First, Middle Initial)  
Mailing Address 4000 E SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement AIRFARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 06 / 2014

Amount of Each Disbursement this Period: 385.00

Transaction ID : SB17.I1031

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 475 L'ENFANT PLAZA

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 06 / 2014

Amount of Each Disbursement this Period: 106.56

Transaction ID : SB17.I1032

**SUBTOTAL** of Disbursements This Page (optional) ..... 737.56

**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:<br>(check only one)          |                                    | PAGE 111 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 08 / 2014</b>                          |
| Mailing Address <b>475 L'ENFANT PLAZA</b>  |   | Amount of Each Disbursement this Period<br><b>46.00</b><br><b>Transaction ID : SB17.I1033</b> |
| City<br><b>WASHINGTON</b>  | State<br><b>DC</b>  |   |
| Zip Code<br><b>20024</b>   | Purpose of Disbursement<br><b>POSTAGE</b>   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 08 / 2014</b>                          |
| Mailing Address <b>475 L'ENFANT PLAZA</b>  |   | Amount of Each Disbursement this Period<br><b>41.40</b><br><b>Transaction ID : SB17.I1034</b> |
| City<br><b>WASHINGTON</b>  | State<br><b>DC</b>  |   |
| Zip Code<br><b>20024</b>   | Purpose of Disbursement<br><b>POSTAGE</b>   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 08 / 2014</b>                          |
| Mailing Address <b>475 L'ENFANT PLAZA</b>  |   | Amount of Each Disbursement this Period<br><b>41.40</b><br><b>Transaction ID : SB17.I1035</b> |
| City<br><b>WASHINGTON</b>  | State<br><b>DC</b>  |   |
| Zip Code<br><b>20024</b>   | Purpose of Disbursement<br><b>POSTAGE</b>   | Category/<br>Type   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>128.80</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:<br>(check only one)  | PAGE 112 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>01 / 08 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  |   | Amount of Each Disbursement this Period |
| Candidate Name  | Category/<br>Type   | 5.60                                    |
| Office Sought:  | Disbursement For:   | <b>Transaction ID : SB17.I1036</b>      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>01 / 08 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  |   | Amount of Each Disbursement this Period |
| Candidate Name  | Category/<br>Type   | 5.60                                    |
| Office Sought:  | Disbursement For:   | <b>Transaction ID : SB17.I1037</b>      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>01 / 14 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  |   | Amount of Each Disbursement this Period |
| Candidate Name  | Category/<br>Type   | 5.60                                    |
| Office Sought:  | Disbursement For:   | <b>Transaction ID : SB17.I1038</b>      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 16.80 |
| <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:<br>(check only one)  | PAGE 113 OF 124 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |

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

|   |  |  |   |         |     |   |         |    |  |    |  |      |
|---|--|--|---|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>   |  | Date of Disbursement   |   |         |     |   |         |    |  |    |  |      |
| Mailing Address 475 L'ENFANT PLAZA  |  | <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>21</td> <td></td> <td>2014</td> </tr> </table> | M M                                     | /       | D D | / | Y Y Y Y | 02 |  | 21 |  | 2014 |
| M M   | /  | D D  | /                                       | Y Y Y Y |     |   |         |    |  |    |  |      |
| 02  |  | 21   |   | 2014    |     |   |         |    |  |    |  |      |
| City  | State  | Zip Code   |   |         |     |   |         |    |  |    |  |      |
| WASHINGTON  | DC   | 20024  |   |         |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>POSTAGE  | <table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>5.60</td> </tr> </table> |  | Amount of Each Disbursement this Period | 5.60    |     |   |         |    |  |    |  |      |
| Amount of Each Disbursement this Period   |  |  |   |         |     |   |         |    |  |    |  |      |
| 5.60  |  |  |   |         |     |   |         |    |  |    |  |      |
| Candidate Name  | Transaction ID : SB17.I1039  |  |   |         |     |   |         |    |  |    |  |      |
| Office Sought:  | Disbursement For:  |  |   |         |     |   |         |    |  |    |  |      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    |  |   |         |     |   |         |    |  |    |  |      |
| State: District:  | Category/Type  |  |   |         |     |   |         |    |  |    |  |      |

|   |   |  |   |         |     |   |         |    |  |    |  |      |
|---|---|--|---|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>   |   | Date of Disbursement   |   |         |     |   |         |    |  |    |  |      |
| Mailing Address 475 L'ENFANT PLAZA  |   | <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>24</td> <td></td> <td>2014</td> </tr> </table> | M M                                     | /       | D D | / | Y Y Y Y | 02 |  | 24 |  | 2014 |
| M M   | /   | D D  | /                                       | Y Y Y Y |     |   |         |    |  |    |  |      |
| 02  |   | 24   |   | 2014    |     |   |         |    |  |    |  |      |
| City  | State   | Zip Code   |   |         |     |   |         |    |  |    |  |      |
| WASHINGTON  | DC  | 20024  |   |         |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>POSTAGE  | <table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>14.70</td> </tr> </table> |  | Amount of Each Disbursement this Period | 14.70   |     |   |         |    |  |    |  |      |
| Amount of Each Disbursement this Period   |   |  |   |         |     |   |         |    |  |    |  |      |
| 14.70   |   |  |   |         |     |   |         |    |  |    |  |      |
| Candidate Name  | Transaction ID : SB17.I1040   |  |   |         |     |   |         |    |  |    |  |      |
| Office Sought:  | Disbursement For:   |  |   |         |     |   |         |    |  |    |  |      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     |  |   |         |     |   |         |    |  |    |  |      |
| State: District:  | Category/Type   |  |   |         |     |   |         |    |  |    |  |      |

|   |   |  |   |         |     |   |         |    |  |    |  |      |
|---|---|--|---|---------|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |   | Date of Disbursement   |   |         |     |   |         |    |  |    |  |      |
| Mailing Address 475 L'ENFANT PLAZA  |   | <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>24</td> <td></td> <td>2014</td> </tr> </table> | M M                                     | /       | D D | / | Y Y Y Y | 02 |  | 24 |  | 2014 |
| M M   | /   | D D  | /                                       | Y Y Y Y |     |   |         |    |  |    |  |      |
| 02  |   | 24   |   | 2014    |     |   |         |    |  |    |  |      |
| City  | State   | Zip Code   |   |         |     |   |         |    |  |    |  |      |
| WASHINGTON  | DC  | 20024  |   |         |     |   |         |    |  |    |  |      |
| Purpose of Disbursement<br>POSTAGE  | <table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>12.74</td> </tr> </table> |  | Amount of Each Disbursement this Period | 12.74   |     |   |         |    |  |    |  |      |
| Amount of Each Disbursement this Period   |   |  |   |         |     |   |         |    |  |    |  |      |
| 12.74   |   |  |   |         |     |   |         |    |  |    |  |      |
| Candidate Name  | Transaction ID : SB17.I1041   |  |   |         |     |   |         |    |  |    |  |      |
| Office Sought:  | Disbursement For:   |  |   |         |     |   |         |    |  |    |  |      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     |  |   |         |     |   |         |    |  |    |  |      |
| State: District:  | Category/Type   |  |   |         |     |   |         |    |  |    |  |      |

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 33.04 |
| <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:<br>(check only one)          | PAGE 114 OF 124                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>02 / 28 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  | Candidate Name  | Amount of Each Disbursement this Period |
|   |   | 5.60                                    |
| Office Sought:  | Disbursement For:   | Transaction ID : SB17.I1042             |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | Category/Type   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>03 / 04 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  | Candidate Name  | Amount of Each Disbursement this Period |
|   |   | 147.00                                  |
| Office Sought:  | Disbursement For:   | Transaction ID : SB17.I1043             |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | Category/Type   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>03 / 04 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  | Candidate Name  | Amount of Each Disbursement this Period |
|   |   | 19.99                                   |
| Office Sought:  | Disbursement For:   | Transaction ID : SB17.I1044             |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | Category/Type   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 172.99 |
| <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:<br>(check only one)  | PAGE 115 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>03 / 07 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  |   | Amount of Each Disbursement this Period |
| Candidate Name  | Category/<br>Type   | 6.85                                    |
| Office Sought:  | Disbursement For:   | <b>Transaction ID : SB17.I1045</b>      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>03 / 19 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  |   | Amount of Each Disbursement this Period |
| Candidate Name  | Category/<br>Type   | 0.70                                    |
| Office Sought:  | Disbursement For:   | <b>Transaction ID : SB17.I1046</b>      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |   | Date of Disbursement                    |
| Mailing Address 475 L'ENFANT PLAZA  |   | M M / D D / Y Y Y Y<br>03 / 20 / 2014   |
| City  | State   | Zip Code                                |
| WASHINGTON  | DC  | 20024                                   |
| Purpose of Disbursement<br>POSTAGE  |   | Amount of Each Disbursement this Period |
| Candidate Name  | Category/<br>Type   | 98.00                                   |
| Office Sought:  | Disbursement For:   | <b>Transaction ID : SB17.I1047</b>      |
| <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 105.55 |
| <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:<br>(check only one)          | PAGE 116 OF 124                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 24 / 2014

Amount of Each Disbursement this Period: 19.60

Transaction ID : SB17.I1048

Category/Type

Full Name (Last, First, Middle Initial)

**B. VERIZON WIRELESS**

Mailing Address P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18022

Purpose of Disbursement PHONE BILL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 414.80

Transaction ID : SB17.I1049

Category/Type

Full Name (Last, First, Middle Initial)

**C. VERIZON WIRELESS**

Mailing Address P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18022

Purpose of Disbursement PHONE BILL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 21 / 2014

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17.I1050

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 469.40

**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:<br>(check only one)  | PAGE 117 OF 124 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. VERIZON WIRELESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 21 / 2014 |
| Mailing Address P.O. BOX 25505  |  | Amount of Each Disbursement this Period<br>35.00              |
| City<br>LEHIGH VALLEY   | State<br>PA  |   |
| Zip Code<br>18022   | Purpose of Disbursement<br>PHONE BILL  | Transaction ID : SB17.I1051                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. VERIZON WIRELESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 03 / 2014 |
| Mailing Address P.O. BOX 25505  |  | Amount of Each Disbursement this Period<br>722.15             |
| City<br>LEHIGH VALLEY   | State<br>PA  |   |
| Zip Code<br>18022   | Purpose of Disbursement<br>PHONE BILL  | Transaction ID : SB17.I1052                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. VERIZON WIRELESS</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 21 / 2014 |
| Mailing Address P.O. BOX 25505  |  | Amount of Each Disbursement this Period<br>35.00              |
| City<br>LEHIGH VALLEY   | State<br>PA  |   |
| Zip Code<br>18022   | Purpose of Disbursement<br>PHONE BILL  | Transaction ID : SB17.I1053                                   |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 792.15 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 118 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WALMART STORES, INC.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 27 / 2014</b>                          |
| Mailing Address <b>702 SW 8TH ST</b>   |  | Amount of Each Disbursement this Period<br><b>75.00</b><br><b>Transaction ID : SB17.I1055</b> |
| City <b>BENTONVILLE</b> State <b>AR</b> Zip Code <b>72716</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</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)<br><b>B. WALMART STORES, INC.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 24 / 2014</b>                          |
| Mailing Address <b>702 SW 8TH ST</b>   |  | Amount of Each Disbursement this Period<br><b>93.22</b><br><b>Transaction ID : SB17.I1056</b> |
| City <b>BENTONVILLE</b> State <b>AR</b> Zip Code <b>72716</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</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)<br><b>C. WALMART STORES, INC.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 18 / 2014</b>                          |
| Mailing Address <b>702 SW 8TH ST</b>   |  | Amount of Each Disbursement this Period<br><b>80.60</b><br><b>Transaction ID : SB17.I1057</b> |
| City <b>BENTONVILLE</b> State <b>AR</b> Zip Code <b>72716</b>  | Purpose of Disbursement<br><b>OFFICE SUPPLIES</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>248.82</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:<br>(check only one)          |                                    | PAGE 119 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WELLS FARGO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>01 / 23 / 2014</b>                         |
| Mailing Address <b>420 MONTGOMERY ST</b>   |  | Amount of Each Disbursement this Period<br><b>2.50</b><br><b>Transaction ID : SB17.I1058</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94104</b>  | Purpose of Disbursement<br><b>BANK CHARGE</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)<br><b>B. WELLS FARGO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 10 / 2014</b>                         |
| Mailing Address <b>420 MONTGOMERY ST</b>   |  | Amount of Each Disbursement this Period<br><b>3.00</b><br><b>Transaction ID : SB17.I1059</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94104</b>  | Purpose of Disbursement<br><b>BANK CHARGE</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)<br><b>C. WELLS FARGO</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 10 / 2014</b>                         |
| Mailing Address <b>420 MONTGOMERY ST</b>   |  | Amount of Each Disbursement this Period<br><b>3.00</b><br><b>Transaction ID : SB17.I1060</b> |
| City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94104</b>  | Purpose of Disbursement<br><b>BANK CHARGE</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>8.50</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 120 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. WELLS FARGO</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 28 / 2014</b>                          |
| Mailing Address <b>420 MONTGOMERY ST</b>  |  | Amount of Each Disbursement this Period<br><b>12.00</b><br><b>Transaction ID : SB17.I1061</b> |
| City <b>SAN FRANCISCO</b>   | State <b>CA</b> Zip Code <b>94104</b>  |   |
| Purpose of Disbursement<br><b>BANK CHARGE</b>   | Candidate Name   | Category/Type   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WIXPRESS LTD</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 18 / 2014</b>                           |
| Mailing Address <b>P.O. BOX 40190</b>   |  | Amount of Each Disbursement this Period<br><b>150.00</b><br><b>Transaction ID : SB17.I1062</b> |
| City <b>SAN FRANCISCO</b>   | State <b>CA</b> Zip Code <b>94140</b>  |  |
| Purpose of Disbursement<br><b>WEBSITE SERVICES</b>  | Candidate Name   | Category/Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WIXPRESS LTD</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 18 / 2014</b>                           |
| Mailing Address <b>P.O. BOX 40190</b>   |  | Amount of Each Disbursement this Period<br><b>149.00</b><br><b>Transaction ID : SB17.I1063</b> |
| City <b>SAN FRANCISCO</b>   | State <b>CA</b> Zip Code <b>94140</b>  |  |
| Purpose of Disbursement<br><b>WEBSITE SERVICES</b>  | Candidate Name   | Category/Type  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>311.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 121 OF 124                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WIXPRESS LTD</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 18 / 2014</b>                         |
| Mailing Address <b>P.O. BOX 40190</b>   |  | Amount of Each Disbursement this Period<br><b>4.99</b><br><b>Transaction ID : SB17.I1064</b> |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94140</b>  | Purpose of Disbursement<br><b>WEBSITE SERVICES</b>   | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WIXPRESS LTD</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>02 / 18 / 2014</b>                         |
| Mailing Address <b>P.O. BOX 40190</b>   |  | Amount of Each Disbursement this Period<br><b>4.95</b><br><b>Transaction ID : SB17.I1065</b> |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94140</b>  | Purpose of Disbursement<br><b>WEBSITE SERVICES</b>   | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. WIXPRESS LTD</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 14 / 2014</b>                         |
| Mailing Address <b>P.O. BOX 40190</b>   |  | Amount of Each Disbursement this Period<br><b>4.95</b><br><b>Transaction ID : SB17.I1066</b> |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Zip Code<br><b>94140</b>  | Purpose of Disbursement<br><b>WEBSITE SERVICES</b>   | Category/<br>Type  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>14.89</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 122 OF 124                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WIXPRESS LTD</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>03 / 17 / 2014</b> |
| Mailing Address P.O. BOX 40190  |  | Amount of Each Disbursement this Period<br><b>4.99</b>               |
| City<br><b>SAN FRANCISCO</b>  | State<br><b>CA</b>   |  |
| Purpose of Disbursement<br><b>WEBSITE SERVICES</b>  | Zip Code<br><b>94140</b>   | <b>Transaction ID : SB17.I1067</b>                                   |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>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:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>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:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>4.99</b>     |
| <b>TOTAL</b> This Period (last page this line number only)..... | <b>92153.04</b> |

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.001**  
**Marlin Stutzman for Congress**

|   |   |
|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br><b>ALLY FINANCIAL</b> | Election: 2012<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address<br>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                | 23021.87                   | 22162.81                                    |

**TERMS**

|                      |                      |               |   |
|----------------------|----------------------|---------------|---|
| Date Incurred        | Date Due             | Interest Rate | Secured:  |
| M 09 / D 24 / Y 2012 | M 11 / D 09 / Y 2015 | 6.49 % (apr)  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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).....       | 22162.81 |
| <b>TOTALS</b> This Period (last page in this line only)..... | 22162.81 |

**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)<br><b>Marlin Stutzman for Congress</b>   |  | Transaction ID : SC-1.001  | <b>FEC IDENTIFICATION NUMBER</b> |  |
|  |  |  | <b>C</b>                         | C00484683  |
| <b>LENDING INSTITUTION (LENDER)</b><br>Full Name<br><b>ALLY FINANCIAL</b>  |  | Amount of Loan<br><div style="border: 1px solid black; padding: 2px; text-align: center;">45184.68</div>                                       |                                  | Interest Rate (APR)<br><div style="border: 1px solid black; padding: 2px; text-align: center;">6.49</div> %                |
| Mailing Address<br>PO BOX 380901   |  | Date Incurred or Established<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; text-align: center;">09 / 24 / 2012</div> |                                  |  |
| City<br>BLOOMINGTON  |  | State<br>MN  | Zip Code<br>55438                | Date Due<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; text-align: center;">11 / 09 / 2015</div> |
|  |  | <b>Back Ref SC10.001</b>   |                                  |  |
| A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  | If yes, date originally incurred   |                                  | <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>                               |
| B. If line of credit,<br>Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: center;">_____</div>  |  | Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: center;">22162.81</div>                              |                                  |  |
| C. Are other parties secondarily liable for the debt incurred?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> 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?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>TRUCK</u>  |  | What is the value of this collateral?<br><div style="border: 1px solid black; padding: 2px; text-align: center;">55184.68</div>                |                                  |  |
|  |  | Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                  |                                  |  |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____  |  | What is the estimated value?<br><div style="border: 1px solid black; padding: 2px; text-align: center;">_____</div>                            |                                  |  |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  |  | Location of account:<br>Address:<br>City, State, Zip: _____  |                                  |  |
| Date account established:<br><div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>  |  |  |                                  |  |
| 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<br>Typed Name <b>CHRIS MARSTON</b><br>Signature _____   |  | DATE<br><div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div><br>09 / 24 / 2012                         |                                  |  |
| H. Attach a signed copy of the loan agreement.   |  |  |                                  |  |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:<br>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.<br>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.<br>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<br>Typed Name <b>RANDY A. GODFREY</b><br>Signature <b>RANDY A. GODFREY</b>   |  | <i>[Electronically Filed]</i>  |                                  | DATE<br><div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div><br>07 / 31 / 2013     |
|  |  | Title<br><b>OPERATION MANAGER</b>  |                                  |  |