

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

| | | | | |
|---|---|------------------------------|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 82 OF 933 | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
Stutzman for Senate

| | | | | |
|---|--------------------|--|---|--|
| A. Full Name (Last, First, Middle Initial) MR. JAMES A. O' BRIEN | | | Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2016 | |
| Mailing Address 15822 CEDAR RIDGE CT | | | Transaction ID : SA11.16576 | |
| City GRANGER | State IN | Zip Code 46530-6516 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer UNIVERSITY OF NOTRE DAME | | Occupation PROFESSOR | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 1600.00 | | |

| | | | | |
|---|--------------------|--|---|--|
| B. Full Name (Last, First, Middle Initial) MR. EDWARD J. ORMSBY | | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 159 EMS C29A1 LN | | | Transaction ID : SA11.15755 | |
| City WARSAW | State IN | Zip Code 46582-9169 | Amount of Each Receipt this Period 1200.00 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer ORMSBY LLC | | Occupation ATTORNEY | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 2700.00 | | |

| | | | | |
|---|--------------------|--|---|--|
| C. Full Name (Last, First, Middle Initial) MR. PETER B. ORTHWEIN | | | Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2016 | |
| Mailing Address 9 BENEDICT PLACE | | | Transaction ID : SA11.13334 | |
| City GREENWICH | State CT | Zip Code 06830-5309 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item CONTRIBUTION | |
| Name of Employer THOR INDUSTRIES | | Occupation CEO | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 1000.00 | | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2300.00 |
| TOTAL This Period (last page this line number only)..... | |

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